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## COMMITTEES

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### Health Committee:

Chairman: Councillor Dr. I. H. Davies.

Vice-Chairman: Councillor Emmanuel Williams.

Members: All members of the County Council, together with the Chairman and Vice-Chairman of each of the District Health Committees, and the following.

Co-opted Members: Mrs. E. A. Cross, Marchwiel.  
Mrs. Christopher Davies, Wrexham.  
Mrs. W. A. Evans, Denbigh.  
Dr. Trevor Hughes, Ruthin.  
Mrs. May Jones, Wrexham.  
Miss C. Jones, Ruabon.  
Mr. E. B. Miller, Llangollen.  
Dr. Sheila Reid, Llanychan.

### Health Sub-Committee:

Chairman: Councillor James Barlow.

Vice-Chairman: Alderman Thomas Jones.

Members: Alderman Edward Boden.  
Alderman Llewelyn Charles.  
Councillor Dr. I. H. Davies.  
Alderman Mrs. Florence Jones.  
Alderman F. H. Andleby Jones.  
Councillor H. Ewart Jones.  
Councillor Ernest Price.  
Councillor George Richards.  
Councillor R. C. Roberts.  
Alderman R. E. Rowlands.  
Alderman Edward Williams.  
Councillor Emmanuel Williams.

## Foreword

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I have the honour to present the Annual Report on the Health Services in Denbighshire for the year 1961.

Perusal of the Report will show that the Health Department has contributed substantially to the health of the community, and it is particularly gratifying that in Denbighshire there were no epidemics of serious infectious diseases, apart from Influenza which caused 51 deaths. There was only one death from poliomyelitis which indicates that the arduous programme of poliomyelitis vaccination has provided a substantial community protection. Most of the burden of immunising against Poliomyelitis, Diphtheria, Whooping Cough and Tetanus and vaccinating against Smallpox and Tuberculosis, devolved upon the Department and this made heavy demands upon members of staff who were already fully committed to other essential duties. It involved constant re-adjustment, inconvenience, and many hours of overtime, and I wish to record my appreciation for their forbearance and devotion to duty.

The Report also shows the excellent relationships which exist between the Health Department, the General Medical Practitioners and Hospital Services and other Voluntary and Statutory Agencies. Congenial relationships are conducive to efficiency, and are therefore well-worth fostering, but this adds substantially to the responsibility of every member of the staff. Willingness to help is quickly appreciated and brings in its train a substantial growth in the number and complexity of problems. Many of the manifold problems which pour into the Department cannot be classified under any statutory duty but, despite this, every effort is made to resolve them. To some extent, this situation has been forced upon the Health Department due to the fact that it is the only social agency with an overall responsibility for the community. The outcome has been that the Department has adopted the role of a central clearing house for co-ordinating the various social agencies.

The statistical section of the Report shows grounds for satisfaction. There was an increase in the population and in the number of live births. The Death Rate, Infant Mortality Rate and the Maternal Mortality Rate showed no significant change, but

there is cause for concern for the Peri-natal Mortality Rate. This has been under the constant scrutiny of the Consultant Obstetrician who regularly conducts an enquiry into the causes of stillbirths and neo-natal deaths. Another disturbing fact is the increased number of deaths from cancer and, in particular, lung cancer.

During the year there were 43 cases of Puerperal Pyrexia, several of which occurred at one small Maternity Unit. The cases had not been notified promptly, with the result that this Department was not called in until the outbreak had become established. Adequate preventive measures helped to overcome the infection, but this instance emphasises the need for prompt notification.

It had been hoped that two new Child Welfare Clinics would have been built during the year, but owing to the difficulties in acquiring sites, neither was built. I understand that the negotiations for the purchase of sites are nearing completion, so there is some prospect of them being available before long. These premises are intended to be the base from which the Health Visitor for the area can operate. By being available at specified hours at a central point, she will be able to serve the public more effectively. With this in mind, Health Visitors' areas have been adjusted as additional staff have been recruited and, in due course, it is hoped that their individual case loads will approximate that recommended by the Working Party. In the meantime, many of them have had to cope not only with an excessive load, but additional and new duties are thrust upon them.

Gradually, as their value has become appreciated, they are co-operating more and more with General Medical Practitioners, and throughout the County there is constant contact. In Colwyn Bay, Llangollen and Ruthin, the Health Visitors call by arrangement at the various surgeries, while at Denbigh and Wrexham, the doctors call at Clinics. At Cerrigydrudion, Ruthin and Wrexham, the Health Visitors attend the Maternity and Child Welfare Clinics arranged by the doctors in their own premises. This association is most fruitful and must be encouraged.

The number of domiciliary births increased in 1961, and this trend will probably continue. This Authority has been fortunate in being able to recruit staff as, generally, there is a serious shortage of nurses. During the year three Senior Midwives, Mrs. Thomas, Mrs. Mansley and Mrs. Crump, retired, but consented to continue until replacements could be appointed. I wish to pay a well-deserved tribute to them for many years of faithful and loyal service, and also to Miss Katie Jones, Health Visitor for the Rhosllanerchrugog area for 40 years.



The Home Nursing and Home Help Services have devoted much of their energies to the care of the elderly. These are practical and tangible services which make or mar the reputation of the Health Department. District Nurses, in particular, must be endowed with a deep sense of vocation for, as indicated in the Superintendent Nursing Officer's Report, their duties are long, arduous and irregular. It is gratifying to report that all the nurses have maintained a high professional standard, and that they have worked in close harmony with the doctors.

The Home Help Section has rendered valuable service, without which there would have been much more human suffering and many more old people admitted to Welfare Homes or Hospitals. The administration of this Service is difficult and sometimes distressing, because the demand far exceeds supply. The Superintendent Nursing Officer and her administrative staff have to deal with complex human problems, and it is to their credit that they succeed in getting so much done with comparatively meagre resources.

The immunological programme disorganised to a great extent the normal routine of the department, but the results achieved give grounds for considerable satisfaction. Advantage was taken of National publicity and of the resultant demand from the public for adequate protection and this accounts, in some measure, for the high rate of acceptance, but with regard to B.C.G. Vaccination, it was also the result of the success of the campaign carried out in 1960.

There was considerable strain on the Ambulance Service during 1961 owing to the insufficient number of vehicles and personnel, as well as a steadily increasing number of patients transported. It was thought that the demands on the Service had stabilised, but with additional Hospital Services being provided, the load has continued to grow.

The introduction of Radio Control helped substantially in reducing "dead mileage" and in increasing efficiency. There were several instances where an Ambulance was diverted to and arrived at an accident within a few minutes of the request being received. Such prompt service is greatly appreciated. Last year, the Stephenson Minuteman Resuscitator was supplied to the various Ambulance Stations, and on several occasions this apparatus proved instrumental in saving life, mainly in patients who were suffering from carbon-monoxide poisoning. Furthermore, during 1961, all Ambulances were fitted with oxygen cylinders who have been invaluable when conveying patients with serious respiratory infections.

It is regrettable that the accommodation available is so inadequate, and that vehicles have to be left constantly in the open. Consideration must be given to providing suitable Headquarters, so that the Service can be administered on a more businesslike footing.

Various voluntary organisations have continued to assist the Ambulance Service, and their enthusiasm and keenness is admirable. Undoubtedly, without their help, the cost of the Service would increase markedly, and for this alone, they deserve the thanks of the County Council.

There were notable occasions for the Ambulance Service during the year—Drivers Glyn Jones and D. H. Jones won the Welsh Regional Ambulance Service Competition and represented Wales at the National Competition.

Drivers D. H. Jones and Mr. D. Williams, Superintendent St. John Division, Ruthin, undertook a hazardous rescue from the top of Moel Famau—a feat worthy of recognition.

For the first time, a Denbighshire patient was removed to hospital by helicopter. The Helicopter Wing, R.A.F., Valley, Anglesey, deserve praise for having undertaken this task in hazardous conditions.

The Mental Health Service which was formulated by the Mental Health Act, 1959, has just completed its first whole year, and although it is much too early to draw any conclusions, particularly as much of the programme of expansion has not been implemented, there are a few indications appearing which suggest that some of the expected developments may not occur.

It was anticipated that the number of admissions to a Psychiatric Hospital would decrease but instead, there was an increase in 1961. Similarly, it was thought that more patients would be admitted Informally but, in fact, the number was less than for those admitted as Voluntary Patients under the old legislation. This merely emphasises that plans must be elastic, resilient and adaptable.

As indicated in the text of the Report, the success of Mr. Emlyn Evans in obtaining the Psychiatric Social Workers' Diploma was an outstanding achievement, reflecting great credit upon him and the sponsoring Authority. Another unique achievement was that two members of the staff obtained a vacancy on the Younghusband Training Courses for Social Workers against keen competition—there were 250 applications for 30 vacancies.

Together with a successful applicant from the Welfare Department, this Authority succeeded in obtaining three vacancies which confirms my high opinion of the quality and training of our staff. Unfortunately these successes were countered by disappointments.

The long protracted negotiations for the purchase of "Glanydon," Colwyn Bay—the Hall as a Hostel for Mentally Ill, and the Old Nurses' Home as a Training Centre—were not terminated. More than 3 years have passed since my first preliminary investigations into the possible use and purchase of these premises. The purchase of Pentre Broughton Drill Hall for use as a Training Centre and Workshops does not seem to have made any progress; even the old Chapel at Gwersyllt which was given to the Authority, has not yet become available for use. However, at the time of writing, it would appear that the purchase of "Glanydon" will be completed in the near future.

Early in the year, Dr. Craft was appointed Consultant Psychiatrist to the North Wales Hospitals for the Sub-normal. Under his leadership, a more dynamic attitude to treatment has evolved. Patients receive intensive treatment and training at the Hospital, and are returned to community care as soon as possible, where supervision and training continues under the aegis of local authority staff. This close liaison has caused the waiting list for hospital admission to disappear and thus permitting urgent cases to be admitted immediately.

It is also encouraging that 6 patients were admitted to hospital for short term care, which gave the parents respite and an opportunity to take a holiday. In this and other ways, it is hoped to encourage more mentally sub-normal children to be kept at home, for it is agreed that they respond to training and progress more quickly when living with their families.

Seven Mentally Sub-normal persons were found employment during the year, although it is increasingly difficult to find employers who will accept the mentally handicapped.

The Chiropody Service is now well-established, and many of the initial difficulties have been overcome. This is another service which is much appreciated, particularly by the elderly who, quite frequently, were house-bound before being treated.

Throughout the report will be found references to the Community Care of the Elderly. This is because so much time and effort are devoted to this Age-Group. Several events occurred during 1961 which should improve the domiciliary services. The advent of two Geriatric Consultants will help enormously to co-ordinate the medical and social services. The improved



domiciliary services of the Welfare Department will relieve the physical disabilities of the handicapped elderly and, as has already been referred to, the provision of Chiropodal treatment. Furthermore, administratively, the District Medical Officers of Health have endeavoured to co-ordinate the voluntary and statutory services, so that resources can be fully utilised.

Although there were many cases of Influenza during the latter part of 1961, it did not reach epidemic proportions and it did not present itself in a virulent form. A few sudden and tragic deaths resulted from this infection, but the pattern of the outbreak was so diffuse and, on the whole, mild, that no specific preventive measures were adopted. The epidemic of measles was mild and its nuisance value was mainly the disruption of School attendance.

The passing of the Public Health Act, 1961, amending the provisions of the Public Health Act, 1936, gave Local Authorities additional powers which should be of benefit to the community as a whole. In some areas of the County, large houses have been sub-divided into flatlets, and the sanitary conditions in some of these have been sub-standard. This Act gives powers to deal with such conditions.

During the year, additional personal responsibilities were placed on the County Medical Officer of Health who now has been designated formally as Medical Adviser to the Children's and Welfare Departments. This rectified what was for me an invidious position which had existed for many years. I trust that I shall prove of assistance to both my colleagues. Also, during the year, my advice and assistance have been sought by the Licensing Department regarding the medical fitness of applicants for a Driving Licence. These additional duties I have accepted readily, as I am sure the new arrangements will help to co-ordinate the medical services within the aegis of the County Council.

Throughout this foreword, the theme has been one of expansion, achievement and gratitude to the staff for their ready acceptance of heavy loads. Once again, I thank them for their loyalty and unstinting devotion to duty, for I am one of the few who is in a position to assess accurately the volume and value of the contribution of the Health Department to the health and welfare of the people of Denbighshire. This contribution would have been smaller but for the generous assistance of numerous Voluntary Organisations, Statutory Agencies and, particularly, colleagues and members of the County Council. To them, and



especially to the Clerk of the County Council and the County Treasurer, I acknowledge my deep gratitude.

Finally, I wish to pay tribute to the Chairmen and Vice-Chairmen of the Health Committee and the Health Sub-Committee for their invaluable advice and support.

M. T. ISLWYN JONES,

County Medical Officer of Health.

County Health Department,

16 Grosvenor Road,

Wrexham.

July, 1962.

# ANNUAL REPORT FOR 1961

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## PART I.

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### *Statistics and Social Conditions of the County*

The County of Denbighshire is bounded on the north-east by Cheshire, on the south-east by Shropshire, on the south by Montgomeryshire, on the south-west by Merionethshire, on the west by Caernarvonshire, north-west by the Irish Sea, and on the north by Flintshire.

Marford and Hoseley, administratively in the County of Flint, lie entirely within Denbighshire.

There are three distinct types of area within the County; the central area is chiefly a sparsely populated district of a rural agricultural nature; the western area comprises part of the North Wales Coastal Belt and includes the seaside resorts of Colwyn Bay and Abergele, whilst the eastern part of the County forms the basis of the North Wales Coalfield and is a densely populated industrial area, chiefly centred on mining, steel, chemicals, textiles, leather and quarrying.

#### **Area of Administrative County.**

The area of the County is 427,677 acres.

#### **Population.**

The Registrar-General's Estimate of the home population of the County at June 1961, was 172,500. This represents an increase of 2,690 over the previous year. The preliminary figures of the 1961 Census show the population of the County as being 173,843, but it should be borne in mind that this figure represents the actual number of persons in the County on the night of the Census, irrespective of their usual addresses.

The Table below shows the estimated annual population of the County since 1952, together with the estimates of the populalation for succeeding years.

**TABLE I.**

Year	Administrative County		Urban Districts		Rural Districts	
	Population	Annual Increase or Decrease	Population	Annual Increase or Decrease	Population	Annual Increase or Decrease
1952 ... ..	170700	+ 300	79000	+ 470	91700	-170
1953 ... ..	170400	- 300	79080	+ 80	91320	-380
1954 ... ..	170500	+ 100	78900	- 180	91600	+280
1955 ... ..	170300	- 200	78900	—	91400	-200
1956 ... ..	170700	+ 400	79610	+ 710	91090	-310
1957 ... ..	169500	-1200	78560	-1050	90940	-150
1958 ... ..	170000	+ 500	79200	+ 640	90800	-140
1959 ... ..	170200	+ 200	79540	+ 340	90660	-140
1960 ... ..	169810	- 390	79230	- 310	90580	- 80
1961 ... ..	172500	+2690	82500	+3270	90000	-580



## VITAL STATISTICS

The following table gives a summary of the vital statistics for the year 1961 and the previous nine years.

**TABLE II.**

Year	Per 1,000 of Estimated Population				Still Birth Rates per 1000 live and still births	Maternal Mortality Rates per 1000 live and still births	Infant Mortality Rates per 1000 live births
	Live Birth Rate	Death Rate	Death Rate Respiratory Tuberculosis	Death Rate Cancer			
1952 ... ..	15.1	12.0	0.15	1.9	27.1	0.36	33.8
1953 ... ..	14.9	12.3	0.15	1.7	27.8	1.50	30.6
1954 ... ..	14.7	13.3	0.20	2.1	24.1	0.38	27.8
1955 ... ..	13.7	13.8	0.15	2.3	30.5	0.41	33.2
1956 ... ..	15.1	13.3	0.09	2.2	29.7	0.38	22.8
1957 ... ..	15.1	14.1	0.18	2.4	25.2	0.76	23.1
1958 ... ..	15.3	13.1	0.15	2.2	29.4	1.10	20.7
1959 ... ..	15.9	13.2	0.08	2.5	24.2	Nil	27.7
1960 ... ..	15.6	13.4	0.12	2.3	23.2	0.37	18.1
1961 ... ..	16.0	13.3	0.06	2.6	23.3	0.35	20.6

### Births and Birth Rates.

The number of live births registered during the year was 2,760 after allowing for inward and outward transfers. This was a increase of 111 compared with 1960.

The number of live births assigned to each County District is shown in Table VI on page 15 together with the corresponding birth rates.

The crude birth rate is 16.0 per 1,000 of the estimated population. However, to compare this rate with that of other areas it is necessary to make an adjustment to take account of the age and sex distribution within each area. This adjustment is obtained by means of a Comparability Factor which is compiled and issued by the Registrar-General for each district. The factor for this County is 1.04 and when this is applied the adjusted birth rate is 16.64.

### Illegitimate Live Births.

The number of births of illegitimate children during 1961 was 109 as compared with 113 in 1960. This is 3.9 per cent. of the total live births.

### Still Births.

The still birth rate for 1961 was 23.3 per 1,000 live and still births as against 23.2 in 1960. The number of still births registered was 66.

### Deaths and Death Rates.

The total number of deaths registered during 1961 and allocated to the County was 2,302; this figure gives a crude death rate of 13.3 which when adjusted by the Comparability Factor gives an adjusted death rate of 12.8 of the estimated population.

### Infant Mortality.

During 1961 there were 57 deaths of children under one year. Of these 40 died before reaching one week and 5 died between one and four weeks. This is illustrated in the following table:—

**TABLE III.**

Age at Death	Male	Female	Total
Under 1 week    ...    ...	21	19	40
Over 1 week but under 4 weeks    ...    ...    ...	3	2	5
Over 4 weeks but under 1 year    ...    ...    ...	7	5	12
Total    ...    ...    ...    ...	31	26	57

There were included in the total of 57, two deaths under 1 year, of illegitimate infants.

The causes of death are shown in the following table:—

**TABLE IV.**

Cause of Death	Number of Infant Deaths		Total
	Male	Female	
Pneumonia ... ..	3	2	5
Congenital Malformations ... ..	10	7	17
Accidents ... ..	1	—	1
Gastritis, Enteritis and Diarrhoea ... ..	—	1	1
Other defined and ill-defined diseases ...	17	16	33
Total ... ..	31	26	57

The figures give the following rates:—

Infant Mortality per 1,000 live births ...	Total	Legitimate	Illegitimate
	20.6	20.7	18.3

Neo-Natal Mortality (deaths under 4 weeks) ... .. 16.3

Early Neo-Natal Mortality (deaths under 1 week) ... .. 14.5

Peri-Natal Mortality (Still births and deaths under 1 week) 37.5

The following table gives the Infant Mortality Rates for the past ten years:—

**TABLE V.**

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Infant Mortality Rate ... ..	33.8	30.6	27.8	33.2	22.8	23.1	20.7	27.7	18.1	20.6

There was a slight increase in the Infant Mortality Rate in 1961, but as can be seen in the Table above, the overall downward trend is being maintained. The rate of 20.6 for Denbighshire is below the rate for England and Wales, which was 21.4.



TABLE VI.

THE DISTRIBUTION OF POPULATION, BIRTHS, INFANT DEATHS, TOTAL DEATHS AND  
RATES ACCORDING TO DISTRICTS FOR 1961.

Districts	Estimated Population	No. of Live Births	Birth-rate crude adjusted	No. of Infant Deaths	Rate of Infant Mortality	No. of Deaths	Death Rate crude adjusted
<b>Western No. 1:</b>							
Abergele Urban ... ..	7920	104	13.1	3	28.8	114	14.4
Colwyn Bay Borough .	22010	300	13.6	8	26.6	432	19.6
Aled Rural ... ..	6580	101	15.3	2	19.8	64	9.7
<b>Western No. 2:</b>							
Denbigh Borough	8130	123	15.1	4	32.5	170	20.9
Llanrwst Urban ... ..	2550	33	12.9	—	—	53	20.7
Ruthin Borough ... ..	3620	45	12.4	—	—	67	18.5
Hiraethog Rural ... ..	4480	82	18.3	1	12.2	56	12.5
Ruthin Rural ... ..	9390	144	15.3	2	13.2	94	10.0
<b>Eastern No. 1:</b>							
Wrexham Rural ... ..	62250	1017	16.3	25	24.5	748	12.0
Ceiriog Rural ... ..	7300	100	13.7	3	30.0	109	14.9
Llangollen Urban ...	3000	40	13.3	—	—	39	13.0
<b>Eastern No. 2:</b>							
Wrexham Borough ...	35270	671	19.0	9	13.4	356	10.0
<b>Total County ...</b>	<b>172500</b>	<b>2760</b>	<b>16.0</b>	<b>57</b>	<b>20.6</b>	<b>2302</b>	<b>13.3</b>
							<b>12.8</b>

The following table shows the distribution of deaths in age groups in each of the past ten years:—

**TABLE VII.**

Year	Number of Deaths in Age Groups								Total
	0-1	5-15	1-5	15-25	25-45	45-65	65-75	75+	
1952	91	14	11	16	99	417	560	846	2054
1953	78	12	8	27	71	478	548	882	2104
1954	70	10	7	20	91	519	613	953	2283
1955	78	9	7	17	95	501	642	1013	2362
1956	59	11	10	18	78	521	543	1029	2269
1957	59	9	12	10	83	543	647	1033	2396
1958	54	8	11	16	72	454	582	1035	2232
1959	75	8	14	25	73	465	609	1001	2251
1960	48	10	11	25	89	500	590	992	2284
1961	57	7	10	18	73	501	627	1009	2302

There were 57 deaths of infants under one year. This number accounts for 2.47 per cent. of the total deaths.

At the other end of the age scale 43.7 per cent. of all deaths was in the age group 75 and over and 27.2 per cent. in the 65-75 years age group.

No less than 53 per cent. of the females who died were at least 75 years of age. The corresponding figure for men was 35 per cent.

#### **Principal Causes of Death.**

Nearly 85 per cent. of all deaths each year are classified in the groups shown in the following table:—

**TABLE VIII.**

Cause of Death	No. of Deaths	Percentage of total deaths
Heart Disease (all forms) ...	722	31.3
Cancer (including leukaemia and aleukaemia) ... ..	450	19.5
Vascular lesions of nervous system ... ..	386	16.7
Other circulatory diseases .	78	3.4
Bronchitis ... ..	106	4.6
Violence (including accidents, suicide) ... ..	74	3.2
Pneumonia ... ..	101	4.4
Tuberculosis (all forms) ...	17	0.7

The above diseases are in the main, of course, generally associated with older people. Of the 722 deaths ascribed to Heart Disease 572 or 79.2 per cent. were of persons aged 65 or more; of the 386 due to vascular lesions of the nervous system 324 or 84 per cent. were aged 65 and over.

**Heart Diseases**, continue to be the chief causes of death. The percentage of total deaths, 31.3, is nearly twice that of any other cause, and is equivalent to a death rate of 4.2 per 1,000 of the estimated population.

Of the total of 722 deaths, 361 were attributed to "coronary disease, angina" and of these 241 were males. Again, of these male deaths 88 occurred in the age group 45-65 and 90 in the age group 65-75.

### **Malignant Neoplasms.**

There was a sharp rise in the number of deaths from Lung Cancer, there being 92 deaths in 1961 as compared with 66 in 1960. The total deaths from all forms of cancer went up by 34 during the year.



TABLE IX.

District	Malignant Neoplasma						Total All Forms	Cancer Death Rate per 1,000 Population
	Stomach	Lung Bronchus	Breast	Uterus	Other Malignant and Lymphatic Neoplasms	Leukaemia Aleukaemia		
<b>Western No. 1.</b>								
Abergele U.D. ...	1	5	2	—	15	—	23	2.8
Colwyn Bay M.B.	9	17	11	6	43	1	87	3.9
Aled R.D. ...	3	1	1	—	7	3	15	2.3
<b>Western No. 2.</b>								
Denbigh M.B. ...	7	3	4	1	6	—	21	2.5
Llanrwst U.D. ...	2	3	—	1	5	—	11	4.3
Ruthin M.B.	—	1	1	1	5	—	8	2.2
Hiraethog R.D. ...	4	—	1	—	5	—	10	2.2
Ruthin R.D. ...	1	1	2	—	9	—	19	2.0
<b>Eastern No. 1.</b>								
Ceiriog R.D. ...	6	6	—	—	11	1	24	3.3
Llangollen U.D. ...	1	4	1	—	2	—	8	2.6
Wrexham R.D. ..	21	30	10	6	70	3	140	2.2
<b>Eastern No. 2.</b>								
Wrexham M.B. ...	15	21	4	4	39	1	84	2.4
Total ...	76	92	37	19	217	9	450	2.6

The trend in the mortality from all forms of cancer in the past ten years is shown in the following table:—

TABLE X.

Year						No. of Deaths	Death Rate per 1,000 Population
1952	...	...	...	...	...	328	1.9
1953	...	...	...	...	...	305	1.7
1954	...	...	...	...	...	362	2.1
1955	...	...	...	...	...	403	2.3
1956	...	...	...	...	...	369	2.2
1957	...	...	...	...	...	415	2.4
1958	...	...	...	...	...	370	2.2
1959	...	...	...	...	...	435	2.5
1960	...	...	...	...	...	416	2.4
1961	...	...	...	...	...	450	2.6

Cancer was responsible for 450 deaths or 19.5 per cent. of all deaths. The following table gives the deaths from Cancer according to age, sex and classification, during 1961:—

**TABLE XI.**

Age	Malignant Neoplasms										Leukaemia Aleukaemia		Total all forms	
	Stomach		Lung Bronchus		Breast		Uterus		Other malignant and lymphatic Neoplasms					
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0-15 ... ..	—	—	—	—	—	—	—	—	—	—	—	2	—	2
15-25 ... ..	—	—	—	—	—	—	—	—	1	2	—	—	1	2
25-45 ... ..	—	—	4	—	—	3	—	5	5	2	—	2	9	12
45-65 ... ..	18	3	40	5	1	18	—	11	30	33	—	1	89	71
65-75 ... ..	8	14	32	2	—	9	—	2	42	31	2	—	84	58
75 and over ...	21	12	7	2	—	6	—	1	31	34	1	1	66	56
Totals ... ..	47	29	83	9	1	36	—	19	115	102	3	6	249	201

### Maternal Mortality.

There was only one death classified as “pregnancy, child-birth, abortion.” This gives a rate per 1,000 live and still-births of 0.35. The incidence of maternal mortality over the past decade is shown in the following table:—

**TABLE XII**

Year	Total Births	No. of Maternal Deaths	Mortality per 1,000 Total Births
1952 ... ..	2762	1	0.36
1953 ... ..	2616	4	1.50
1954 ... ..	2576	1	0.38
1955 ... ..	2321	1	0.41
1956 ... ..	2657	1	0.38
1957 ... ..	2621	2	0.76
1958 ... ..	2683	3	1.10
1959 ... ..	2769	Nil	Nil
1960 ... ..	2712	1	0.37
1961 ... ..	2826	1	0.35

**TABLE XIII.**  
**COMPARATIVE RATES**

Rate	Denbighshire	England and Wales
Birth Rate (adjusted) ... ..	16.64	17.40
Death Rate (adjusted) ... ..	12.80	12.00
Maternal Mortality Rate ... ..	0.35	0.33
Infant Mortality Rate ... ..	20.60	21.40
Neo-Natal Mortality Rate ... ..	16.30	15.50
Still-birth Rate ... ..	23.30	18.70

### ACCIDENTS

**TABLE XIV.**

Deaths from Vehicular and Other Accidents which occurred in Denbighshire during 1961 giving Age and Sex Distribution.

Age Group	Vehicular			Other Accidents		
	M.	F.	Total	M.	F.	Total
0-1 year ... ..	—	—	—	1	—	1
1-5 years ... ..	—	1	1	2	—	2
5-15 years ... ..	1	1	2	2	—	2
15-25 years ... ..	2	—	2	2	—	2
25-45 years ... ..	6	—	6	5	1	6
45-65 years ... ..	—	1	1	11	4	15
65-75 years ... ..	—	1	1	3	4	7
75 years and upwards ...	1	1	2	2	9	16
	10	5	15	28	18	46



**TABLE XV.**  
**CAUSES OF DEATH, 1961.**

The following table gives the causes of death and distribution according to districts.

Causes	Abergele Urban	Aled R.D.	Ceiriog R.D.	Colwyn Bay Boro.	Denbigh Boro.	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin Boro.	Ruthin Rural	Wrexham Boro.	Wrexham Rural	Total
Tuberculosis respiratory ... ..	1	...	...	2	...	...	...	...	...	1	3	4	11
Tuberculosis Other ... ..	...	...	...	2	1	1	...	...	...	...	...	2	6
Syphilitic disease ... ..	1	1	...	...	1	...	...	...	...	...	1	...	4
Diphtheria ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal infections ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Poliomyelitis ... ..	...	...	...	...	...	...	1	...	...	...	...	...	1
Measles ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Other infective and Parasitic Diseases..	...	1	...	1	...	...	...	...	1	...	...	1	4
Malignant Neoplasm —Stomach ... ..	1	3	6	9	7	4	1	2	...	7	15	21	76
Malignant Neoplasm —Lung Bronchus ...	5	1	6	17	3	...	4	3	1	1	21	30	92
Malignant Neoplasm —Breast ... ..	2	1	...	11	4	1	1	...	1	2	4	10	37
Malignant Neoplasm —Uterus ... ..	...	...	...	6	1	...	...	1	1	...	4	6	19
Other Malignant and Lymphatic Neoplasms ... ..	15	7	11	43	6	5	2	5	5	9	39	70	217
Leukaemia, Aleukaemia ... ..	...	3	1	1	...	...	...	...	...	...	1	3	9
Diabetes ... ..	1	...	1	2	1	1	...	...	...	1	4	4	15
Vascular lesions of nervous system ...	23	9	25	70	23	11	12	11	7	18	60	117	386
Coronary disease, angina ... ..	20	12	13	76	19	8	6	8	20	8	61	116	367
Hypertension with Heart Disease ...	2	2	1	14	5	2	...	1	...	3	7	14	51
Other Heart Disease	12	4	18	51	33	10	6	5	4	11	38	218	410
Other Circulatory Disease ... ..	5	2	3	25	5	1	...	2	6	4	10	15	78
Influenza ... ..	...	1	...	10	5	1	...	4	5	2	4	19	51
Pneumonia ... ..	1	4	4	10	23	1	...	1	1	4	14	38	101
Bronchitis ... ..	4	4	4	18	2	1	3	...	3	3	20	44	106
Other diseases of Respiratory System	3	...	1	1	1	1	1	...	...	2	2	9	22
Ulcer of Stomach, Duodenum ... ..	...	...	1	2	...	...	...	1	1	1	5	6	16
Gastritis, Enteritis and Diarrhoea ...	...	1	1	1	1	...	...	...	2	...	1	3	10

Table XV. Causes of Death, 1961 (continued).

Causes	Abergele Urban	Aled R.D.	Ceiriog R.D.	Colwyn Bay Boro.	Denbigh Boro.	Hiraethog R.D.	Llangollen U.D.	Llanrwst U.D.	Ruthin Boro.	Ruthin Rural	Wrexham Boro.	Wrexham Rural	Total
Nephritis and Nephrosis ... ..	1	...	...	4	1	1	...	...	...	2	4	4	17
Hyperplasia of Prostate ... ..	2	...	...	6	1	...	...	...	...	...	3	8	20
Pregnancy, child-birth, abortion ...	...	...	...	...	...	...	...	...	...	...	1	...	1
Congenital malformations ... ..	2	1	...	2	2	1	...	...	...	...	3	11	22
Other defined and ill-defined diseases ...	11	3	10	40	15	4	...	6	6	10	25	49	179
Motor vehicle accidents ... ..	2	...	...	2	...	...	...	...	1	2	3	5	15
All other accidents ... ..	...	3	2	5	8	2	1	3	1	4	2	15	46
Suicide ... ..	...	1	1	1	1	...	1	...	1	...	1	6	13
Homicide and operations of war ...	...	...	...	...	...	...	...	...	...	...	...	...	...
All causes ... ..	114	64	109	432	170	56	39	53	67	94	356	748	2302

**PART II.**

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***Administration***

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**STAFF OF THE HEALTH DEPARTMENT**

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County Medical Officer of Health and  
Principal School Medical Officer:

M. T. Islwyn Jones, M.D., D.P.H.

Deputy County Medical Officer of Health and  
Deputy Principal School Medical Officer:

R. Ellis Jones, M.B., Ch.B., D.P.H.

(commenced 1/2/61; resigned 30/11/61).

District Medical Officers of Health and  
Assistant County Medical Officers of Health:

W. McKendrick, M.D., D.P.H.

M. Jones Roberts, M.B., Ch.B., D.P.H.

T. Kenrick Hughes, M.B., Ch.B., D.P.H.

R. Ellis Jones, M.B., Ch.B., D.P.H. (until 31/1/61).

F. P. Peach, M.B., Ch.B., D.P.H. (commenced 1/3/61).

Assistant County Medical Officers of Health and School Medical  
Officers:

S. O. Edwards, M.B., Ch.B., D.P.H.

D. Lloyd Williams, M.R.C.S., L.R.C.P.

J. Williams, M.R.C.S., L.R.C.P.

A. J. Smith, M.R.C.S., L.R.C.P.

E. S. Lovgreen, M.B., Ch.B.

Gareth Williams, M.B., Ch.B.

Chest Physicians (part-time):

R. W. Biagi, M.B.E., M.B., Ch.B., M.R.C.P.

E. Clifford Jones, M.B., B.S., M.R.C.S., L.R.C.P.

J. B. Morrison, M.D., B.Sc.

J. Glyn Jones, M.D., B.Ch., M.R.C.S., L.R.C.P.

Consultant Geriatricians:

J. Arnold, M.D., Ch.B., D.C.H.

E. Griffiths, F.R.C.S., M.B., B.S., L.R.C.P.

Child Guidance Service:

Consultant Psychiatrist:

E. Simmons, M.D., L.R.C.P., L.R.C.S.

Registrar in Psychiatry:

J. Aled Williams, M.B., Ch.B., D.C.H.

Senior Psychologist:

Lawrence Scobbie, M.A., B.Ed.

Psychologists:

J. B. Edwards (commenced 1/11/61).

P. J. McDonald, B.A.

Psychiatric Social Worker:

Mrs. V. Ford-Thompson.

Miss G. M. Brown, B.A. (commenced 18/9/61).

Mrs. C. L. Jones (commenced 1/3/61).

County Ophthalmologist :

Mary Rowland Hughes, M.B., Ch.B., D.O.M.S.



Dental Staff:

Senior Dental Officer:

J. G. Roberts, L.D.S.

Dental Officers:

H. E. Fussell, L.D.S.

J. P. Reid, L.D.S.

N. A. James, L.D.S.

S. Jones-Pritchard, L.D.S. (commenced 30/3/61).

R. H. N. Osmond, L.D.S., R.C.S. (part-time).

Consultant Orthodontist:

B. T. Broadbent, F.D.S., B.D.S.

County Public Health Inspector:

Tom Hughes.

Inspector under Food and Drugs Acts (also Chief Inspector of Weights and Measures):

T. H. Evans.

Nursing Officers:

Superintendent Nursing Officer:

Miss W. M. Chune, S.R.N., S.C.M., H.V.Cert., Q.N.

Deputy Superintendent Nursing Officer:

Miss Eirlys Jones, S.R.N., S.C.M., H.V.Cert., Q.N.

Assistant Superintendent Nursing Officers:

Miss F. V. Ramsay, S.R.N., S.C.M., H.V.Cert.

Mrs. L. Warne, S.R.N., S.C.M.

Speech Therapist:

Miss R. Stephens, L.C.S.T.

Senior Administrative Officer:

G. L. Britton, D.P.A., A.R.S.H.

Deputy Administrative Officer:

Gwilym Davies.

Chief Mental Welfare Officer:

J. E. Evans.

Senior Mental Welfare Officer:

H. E. Romney.

Mental Welfare Officer:

G. Howard.

Staff of Training Centres:

Mrs. O. M. Thomas.

Mrs. M. Gresham.

Miss P. Evans.

Mrs. G. M. Ball.

Miss N. Jones.

Mrs. G. Roberts.

Mrs. S. Jones.

Mr. W. Rigby.

Mrs. A. G. Roberts.

Miss H. Batten Jones.

### PART III.

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## *General Provision of Health Services*

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### CARE OF MOTHERS AND YOUNG CHILDREN

The Services provided under this Section of the Act have not been fundamentally changed but further progress has been made towards the closer integration of the Maternity Services which has resulted in increasing demands being made on the resources of the Health Department.

Consultants and General Medical Practitioners increasingly rely upon the Health Visitors and County Midwives which has resulted not only in a more comprehensive medical care but also an improvement in the social care given. Mothers seem more aware of their entitlement and are more responsive to Health Education. The attendance of County Staff at the Hospital Ante Natal Clinics and also at an increasing number of General Medical Practitioners' Ante Natal Clinics has led to closer co-operation to a more integrated service. There has been a determined effort to ensure that every mother received full and regular Ante Natal Care and particular attention has been paid to defaulters. The supportive role of the Health Department has been increasingly acknowledged and the value of Health Education and relaxation classes has been appreciated. It is gratifying that more General Medical Practitioners wish to have these services provided at their own premises for their own patients.

These services are additional to the home visiting made by Health Visitors and Midwives before and after confinement. It will be noted that the number of domiciliary confinements is steadily increasing and this trend will probably continue until the bed situation has been stabilised.

In accordance with the Ministry's Memorandum, Local Maternity Liaison Committees were established in Wrexham and St. Asaph which have already clarified some aspects of policy.

Mr. D. B. Whitehouse has kindly sent me a copy of his Report on the Maternity Unit at the Maelor General Hospital and he has agreed to the inclusion of appropriate extracts in this Annual Report. It will be appreciated that Mr. Whitehouse's Report refers to the work of the Maternity Unit of the Maelor General Hospital which deals with cases, not only from East Denbighshire, but also

from parts of neighbouring Counties, which fall in the area served by the Wrexham, Powys and Mawddach Hospital Management Committee:—

**“ Maelor General Hospital, Wrexham.**

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**MATERNITY UNIT**

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**REPORT FOR 1961**

“ This is the second yearly Clinic Report since the Maternity Unit opened in 1960 at the Maelor General Hospital. Despite stricter selective booking, 1961 has seen an increased demand for admission to the Maternity Unit and the number of deliveries has increased over the previous year. This has, at times caused much strain on the Midwifery Staff, and in order to reduce the bookings it may be necessary to refuse some primigravida in 1962.

The perinatal mortality at 5.1% remains high compared with the country generally. On reviewing these foetal deaths, a notable feature is the high incidence (66%) of small babies weighing less than 5½lbs. Accidental haemorrhage accounting for 20% of the foetal loss, remains the most lethal complication of pregnancy, and is, unfortunately, unpreventable in the majority of cases. Congenital malformation, which accounts for 27% of the perinatal deaths remains abnormally high in this part of the country.

**STATISTICAL SUMMARY**

**“ In-patients.**

	1961	1960
Total number of patients admitted ...	1644	1593
Total number of patients discharged ...	1646	1568
Total number of deliveries in hospital	1470	1409
(Primigravida) ... ..	630	
Babies born before arrival ... ..	11	17
Booked cases ... ..	1360	1290



	1961	1960
Non-booked cases ... ..	110	98
Maternal mortality ... ..	2	0
(Maternal mortality per 1,000) ...	1.3	0
Still Births ... ..	46	44
(Stillbirth rate per 1,000 deliveries)...	30.7	31.2
Neonatal deaths ... ..	30	22
(Neonatal death rate per 1,000 deliveries) ... ..	20.8	15.6
Perinatal mortality per 1,000 deliveries	51.5	46.8

#### **“ Out-patients.**

##### **Attendances at Maelor Ante-natal Clinics.**

New Patients ... ..	1362	1467
Total attendances ... ..	7882	8369

Figures are not included for the Clinics at Cefn, Rhos, Mold, Chirk, Llangollen, Dolgellau and Welshpool.

**“ Flying Squad.**—The Flying Squad was called out to 17 patients and gave blood transfusions to 13 of them.

##### **Indications for calling Squad.**

Postpartum haemorrhage ... ..	9
Retained placenta ... ..	1
P.P.H. and retained placenta ... ..	2
Ante-partum haemorrhage ... ..	3
Abortion ... ..	2

#### **“ COMPLICATIONS OF PREGNANCY AND LABOUR**

1. **Toxaemia of Pregnancy.**—During the year 94 cases of pre-eclamptic toxaemia and 40 cases of essential hypertension were admitted for treatment. Of these 21 (15%) were unbooked cases. Labour was induced surgically in 72 (54%). There were 11 Stillbirths and 4 Neonatal deaths—a perinatal loss of 11% (1960—8.8%).

### **Causes of Stillbirths.**

Placental insufficiency	...	...	...	6
Accidental haemorrhage	...	...	...	4
Malformation	...	...	...	1

### **Causes of Neonatal Death.**

Malformation	...	...	...	...	1
Suprarenal haemorrhage	...	...	...		1
Hyaline membrane	...	...	...	...	1
Tentorial tear	...	...	...	...	1

2. **“Eclampsia.”**—There were 3 cases of eclampsia. Two were booked cases and one unbooked. In two cases the fits occurred before delivery and both mother and child survived. The fits were postpartum in the third case and, although the child survived, the mother died (see Maternal Death Section).

### **3. “Antepartum Haemorrhage.**

- (a) **Accidental Antepartum Haemorrhage.**—There were 30 cases of accidental haemorrhage of which 13 were unbooked cases: 12 patients required blood transfusion: 18 babies were lost, including one set of twins—a perinatal mortality 58%.

#### **Causes of Stillbirth.**

Placental separation	...	...	...	...	12
Hydrops foetalis	...	...	...	...	1

#### **Causes of Neonatal Death.**

Prematurity	...	...	...	...	...	3
Suprarenal haemorrhage	...	...	...	...	...	1
Atelectasis	...	...	...	...	...	1

There were no cases of hypofibrinogenaemia or anuria.

- (b) **Placenta Praevia.**—There were 13 cases of placenta praevia, of which six required blood transfusion.

### **Degrees of placenta praevia.**

Type I.—1 case.

Type II.—2 cases.

Type III.—4 cases.

Type VI—6 cases.

### **Method of delivery.**

9 patients were delivered by lower segment Caesarean Section.

2 patients were delivered by Classical Caesarean Section.

2 patients had normal deliveries following rupture of forewaters.

### **Perinatal Loss.**

2 babies died from malformation.

1 baby died with hyaline membrane.

1 baby was stillborn (intra-uterine asphyxia).

Corrected perinatal loss—15%.

## **4. "Breech Deliveries.**

(a) **Uncomplicated breech deliveries.**—There were 25 cases of uncomplicated breech delivery of which 11 were primigravida. There was no perinatal loss, but an intracranial lesion was suspected in one baby which was discharged fit eventually.

(b) **Complicated breech delivery.**—Breech delivery was complicated by other obstetric factors in 27 cases, of which 11 were primigravida. In this group there were 7 stillbirths and 4 neonatal deaths—a corrected perinatal mortality of 25% (excluding malformations).

### **Complicating factors.**

Twin pregnancy ... ..	9
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Toxaemia ... ..	5
-----------------	---

Accidental haemorrhage ... ..	5
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Hydramnios	...	...	...	...	...	3
Prolapsed cord	...	...	...	...	...	2
Contracted pelvis	...	...	...	...	...	2
Placenta praevia	...	...	...	...	...	1

#### **Causes of Stillbirth.**

Malformation	...	...	...	...	...	2
Accidental haemorrhage	...	...	...	...	...	3
Placental insufficiency (toxaemia)	...	...	...	...	...	2

#### **Causes of Neonatal Death.**

Malformation	...	...	...	...	...	2
Intra-cranial lesions	...	...	...	...	...	2

5. **“Face and Brow Presentation.** There were 3 face and no brow presentations. Two babies delivered spontaneously and one was by Caesarean for foetal distress. One baby was lost from malformation.

6. **“Transverse Lie in Labour.** — Transverse lie was diagnosed in 6 cases during labour: 3 being second of twins.

#### **Method of delivery.**

Internal pedalic version and breech extraction	.....	...	...	...	...	5
Spontaneous expulsion	...	...	...	...	...	1

Two babies were stillborn and one died from prematurity (1lb. 11oz.).

7. **“Multiple Pregnancy.**—There were 23 sets of twins of which 12 sets were uniovular. 6 babies were lost—perinatal mortality—13%.

#### **Causes of Stillbirth.**

Accidental haemorrhage	...	...	...	...	...	2
Placental insufficiency (macerated 2nd twins)	...	...	...	...	...	2
Malformation	...	...	...	...	...	1
Neonatal Death	...	...	...	...	(premature)	1



8. “**Labour following Previous Caesarean Section.**—12 patients were allowed to go into labour following a previous lower segment Caesarean Section.

**Method of delivery in present pregnancy.**

Spontaneous delivery	...	...	...	8
Forceps delivery	...	...	...	2
Vacuum extraction	...	...	...	1
Repeat Caesarean (for foetal distress)				1

Two babies were lost from malformation.

9. “**Disproportion.**—In 35 patients a diagnosis of cephalopelvic disproportion was made. 16 of these had been delivered previously by Caesarean because of disproportion, and in these repeat Elective Section was performed. The remainder were given a trial of labour and delivery was as follows:—

Spontaneous	...	...	...	...	1
Forceps	...	...	...	...	4
Caesarean section	...	...	...	...	12
Craniotomy	...	(hydrocephalic)			1

One baby was lost from malformation.

10. “**Prolapsed Cord.**—Prolapsed cord was diagnosed in 4 cases.

**Method of delivery.**

Spontaneous vertex	...	...	...	2
Assisted breech	...	...	...	1
Internal pedalic version and extraction	...	...	...	1

One baby was stillborn.

11. “**Postpartum Haemorrhage.**—Postpartum haemorrhage (a loss of over 20ozs.) occurred in 41 patients—an incidence of 2.7% of all deliveries (1960—3.3%). 21 patients were given blood transfusions. In addition 4 cases of PPH were admitted from the District by the Flying Squad.

12. “ **Manual Removal of Placenta.**—Retained placenta was removed manually in 14 cases. Three of these were associated with PPH.

13. “ **Surgical Induction of Labour.**—Surgical induction of labour was performed in 188 cases—an incidence of 12.6% of all deliveries (1960—12.3%). Induction was by forewater rupture in 117 cases and hindwater puncture in 71 cases.

#### **Indications for Induction.**

Post-maturity	... ..	86
Toxaemia (including essential hypertension)	... ..	70
Foetal abnormality and hydramnics		9
Rhesus incompatibility	... ..	5
Accidental haemorrhage	... ..	4
False Labour	... ..	4
Diabetes	... ..	2
Unstable lie	... ..	1
Disproportion	... ..	1
Miscellaneous	... ..	6

#### **Method of delivery.**

Spontaneous vertex	... ..	146
Spontaneous face	... ..	2
Forceps	... ..	22
Assisted breech	... ..	1
Vacuum extraction	... ..	1
Caesarean	... ..	12

#### **Indications for Caesarean Section.**

Inco-ordinate uterine action	... ..	4
Foetal distress	... ..	2
Toxaemia	... ..	2
Disproportion	... ..	1
Compound presentation	... ..	1

Failed induction ... ..	1
Failed forceps ... ..	1

There were 9 Stillbirths and 1 neonatal death.

#### **Causes of Stillbirth.**

Malformation ... ..	7
Accidental haemorrhage ... ..	1
Knot in cord ... ..	1

#### **Cause of Neonatal death.**

Atelectasis ... ..	1
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14. **“Caesarean Section.**—73 patients were delivered by Caesarean Section, an incidence of 4.9% of all deliveries (1960—4.5%). 22 had had previous Caesarean Sections. The lower segment operation was performed 70 times, and the Classical operation on 3 occasions, twice because of placenta praevia and once because of a lower segment fibroid. 9 patients were sterilised during the operation.

**Indications for Caesarean Section.**—In some cases there was more than one indication, and those listed below are considered to be the major factors in each case.

Disproportion ... ..	28
Placenta praevia ... ..	11
Inco-ordinate uterine action ... ..	1
Foetal distress ... ..	6
Toxaemia ... ..	5
Accidental haemorrhage ... ..	3
Fibroids ... ..	2
Bad obstetric history ... ..	4
Diabetes ... ..	2
Previous vaginal repair ... ..	2
Tranverse lie ... ..	1
Previous Caesarean—weak scar ... ..	1
Elderly primip with twins ... ..	1

**Perinatal mortality.**—There were 4 neonatal deaths and one stillbirth—a perinatal mortality of 6.6%.

**Causes of Stillbirth.**

Intra-uterine asphyxia (placenta praevia) ... ..	1
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**Causes of Neonatal death.**

Malformation ... ..	1
Hyaline membrane ... ..	1
Prematurity ... ..	1
Suprarenal haemorrhage (foetal distress) ... ..	1

15. **“Forceps Delivery.**—118 babies were delivered by forceps, an incidence of 7.9% (1960—7.5%). 111 of these deliveries (94.1%) were performed under pudendal block.

**Indications for Forceps.**

Secondary inertia ... ..	38
Foetal distress ... ..	28
Persistent occipito-posterior ... ..	20
Deep transverse arrest ... ..	15
Toxaemia ... ..	7
Maternal distress ... ..	5
Cardiac disease ... ..	2
Outlet contraction ... ..	2
Previous vaginal repair ... ..	1

**Perinatal mortality.**—There were no stillbirths, but one neonatal death—a perinatal loss of 0.8%. This baby was delivered by forceps after a failed vacuum extraction. At autopsy a sub-arachnoid haemorrhage was found.

16. **“Vacuum Extraction.**—The Vacuum Extractor was introduced to the Unit during 1961. It was used 11 times, two of these being unsuccessful. The limited experience



gained to date has indicated firstly, that it is not free from risk, and secondly that its most valuable application is in delay in the late first stage of labour.

#### Indications for Vacuum Extraction.

Prolonged 2nd stage ... (2 failures)	6
Prolonged 1st stage ... ..	3
Foetal distress ... ..	1
Toxaemia ... ..	1

Several babies suffered scalp abrasions, which healed without complication. One baby died following forceps delivery, after a failed vacuum extraction (see forceps section). A subarachnoid haemorrhage was found at autopsy.

17. “**Persistent Occipito-Posterior and Deep Transverse Arrest.**—Cases required assistance because of mal-rotation of the occiput are included under this heading. There were 35 cases.

#### Method of delivery.

Manual rotation and forceps ... ..	21
Kielland forceps rotation and delivery	9
Forceps delivery face to pubes ...	3
Caesarean Section following trial of forceps ... ..	2

There was one neonatal death (described above under forceps section).

18. “**Prolonged Labour.**—Prolonged labour is, by convention, a labour lasting 36 hours or more. There were 34 such labours during the year, an incidence of 2.3% (1960—2.9%).

#### Method of delivery.

Normal delivery ... ..	17
Forceps delivery ... ..	14
Caesarean ... ..	2
Vacuum extraction ... ..	1

There was one neonatal death from respiratory infection, following an intra-uterine infection.

19. **“Puerperal Pyrexia.”**—By definition a temperature of 100.4 degrees or over within 14 days of child-birth.

(a) **Genital Tract Infection.** 13 cases

Infecting organism—

B. coli	...	...	...	...	6
Staph. Aureus	...	...	...	...	2
Staph. Albus	...	...	...	...	2
Strep. Viridans	...	...	...	...	1
Beta-haemolytic Strep.	...	...	...	...	1
Non-haemolytic strep.	...	...	...	...	1

(b) **Extra-Genital Tract Infection.** 22 cases

Urinary infection	...	...	...	...	17
Influenza	...	...	...	...	5

20. **“Diseases Associated with Pregnancy.”**—Hospital admission during pregnancy was indicated for the following conditions, not detailed elsewhere.

**Anaemia.**

Iron deficiency	...	...	...	...	22
Macrocytic	...	...	...	...	11
Dimorphic	...	...	...	...	5

**Cardiac Disease.**

Mitral Stenosis	...	...	...	...	4
Congenital heart disease	...	...	...	...	1
Diabetes	...	...	...	...	4
Pulmonary T.B.	...	...	...	...	4
Pyelitis	...	...	...	...	4
Disc lesion	...	...	...	...	2
Psychosis	...	...	...	...	2

Venous Thrombosis	...	...	...	2
Carcinoma of ovaries	...	...	...	1

21. **“Maternal Deaths.**—There were 2 maternal deaths during the year. These were the first deaths to occur in the Unit.

22. **“Stillbirths.**—There were 46 stillbirths, an incidence of 30.7 per 1,000 deliveries. Of these 29 (63%) were premature (5½lbs. or under).

#### **Apparent Causes of Stillbirths.**

Placental insufficiency (associated with toxæmia, hypertension, post-maturity and unknown causes)	...	14
Congenital malformation	...	12
Accidental haemorrhage	...	10
Cord complications	...	3
Rhesus incompatibility	...	2
Diabetes	...	1
Prolapsed arm	...	1
Placenta prævia	...	1
Unknown	...	2

23. **“Neonatal Deaths.**—There were 30 neonatal deaths out of a total of 1,447 live births, a neonatal death rate of 20.8% per 1,000 live births. Of these 20 (60.6%) were premature.

#### **Principal causes of Neonatal deaths.**

Congenital malformations	...	9
Prematurity and atelectasis	...	8
Intracranial lesions	...	5
Hyaline membrane	...	2
Infection	...	1
Haemorrhagic disease	...	1
Suprarenal haemorrhage	...	1
Rhesus incompatibility	...	1
Unknown	...	2

24. “**Premature Babies.**—92 babies were admitted to the Premature Unit of which 70 survived and were discharged (mortality rate 23%).

25. “**Congenital Malformations.**—58 babies were born with congenital malformations of which 21 did not survive. Incidence of malformation 3.8% of all births.

26. “**Haemolytic Disease.**

Rhesus compatibility ... .. 22 cases

A.B.O. incompatibility ... .. 4 cases

9 babies received exchange transfusion.

3 babies received “Topping-up” transfusion.

12 babies required no treatment.

2 babies were stillborn.

1 baby died following exchange transfusion.”

**TABLE XVI.**

Attendances at Hospital Management Committee Ante-Natal Clinics (held in County Clinics) during 1961.

Clinic	Ante-Natal		Post-Natal	
	New cases	Total attendances	New cases	Total attendances
Rhos ... ..	100	596	84	92
Cefn ... ..	50	277	26	52
Totals ...	150	873	110	144

### Family Planning.

The Family Planning Association has continued to provide a weekly Clinic both at Colwyn Bay and Wrexham. These Clinics function in conformity with the prescribed policy and in association with the Local Health Authority service. During the year



there were 117 new cases at Wrexham, with a total attendance of 782 and 176 new cases at Colwyn Bay, with a total attendance of 868.

### **Puerperal Pyrexia.**

This is defined as "Any febrile condition occurring in a woman in whom a temperature of 100.4 degrees F. or more has occurred within 14 days after childbirth or miscarriage." 43 cases were notified in accordance with these regulations.

The appreciable increase in the number of cases was due, in some measure, to a small outbreak of infection in a small Maternity Unit. Unfortunately, the procedure for the prompt notification of such cases was not followed and it was not until an alert domiciliary midwife informed the Department, that I became aware of the situation. Preventive measures were promptly instituted and the outbreak quickly subsided. This experience re-emphasised the importance of prompt notification and the need for constantly safeguarding standards.

### **Ophthalmia Neonatorum.**

No cases were notified during the year.

## **CHILD WELFARE**

### **Notification of Births.**

In accordance with statutory requirements, 2,992 live births and 73 still-births were notified during the current year. A list of notifications is dispatched at the end of each week to the Registrar of Births.

### **Child Welfare Clinics.**

The continued high attendances at the Child Welfare Clinics indicate that this is a service which is appreciated by the mothers, particularly when held in congenial premises. This is supported conclusively by the substantial increase in attendances at Queen's Park Clinic since the new premises have been opened. It is gratifying that the County Council has now approved a scheme covering a period of five years, during which, it is hoped, to build 16 Maternity and Child Welfare Clinics. Various Authorities, in particular Ruthin Borough Council, have urged the County Council to provide suitable Clinic premises, and subject to the acquisition of sites, it is likely that these demands will be met.

The Circular 23/61 (Wales) on "Young Children Handicapped by Impaired Hearing" was received and the services provided were reviewed. Some years ago, two members of the staff attended an Instructional Course at Manchester on methods for the detection of deafness in young children. Since then, the techniques used have been taught to most of the Health Visitors. Infants are routinely tested at the various Child Welfare Clinics and, in addition, cases are referred from the Paediatrician and General Medical Practitioners. If deafness is suspected, then the child is referred to the Consultant Otologist at the nearest hospital. Particularly difficult cases are referred to Professor Ewing at the Department of Audiology and Education of the Deaf, University of Manchester. Older children are routinely tested at school as well as a child who is suspected of having some hearing loss.

A Hearing Aid Centre has been established at the War Memorial Hospital where supervision of Medresco and other Hearing Aids is satisfactorily carried out. Deaf children requiring special educational treatment receive every assistance from the Denbighshire Education Committee, either to attend a Special Residential School for the Deaf or Partially Deaf or by making special arrangements at an ordinary school. The Chester and North Wales Deaf and Dumb Society also help in appropriate cases.

During the year, Medical Officers and Health Visitors met on three occasions to confer on subjects of topical interest. On one occasion Dr. F. P. Hudson, Consultant Paediatrician from Liverpool, lectured and showed a film on Phenylketonuria. The film showed the importance of routine testing of the urine of young infants, so that this condition can be treated before irreversible mental deterioration has occurred.

At another Conference, the staff submitted Reports on the "Early Deviation from the Normal in the Age-Groups 0-5, 5-15, 15-65 and over 65 years. Four groups had each taken one of the age-groups for their particular study. The excellence of the Reports indicated that much time, thought and study had been devoted to their compilation. The stimulating discussions which ensued, demonstrated the profound interest and progressive approach of the staff to their duties.

## **CHILD WELFARE CLINIC ATTENDANCES**

### **Age 0 - 1 year:**

Number of first attendances	...	2718
Total number of attendances	...	24332

### **Age 1 - 5 years:**

Total number of attendances	...	12868
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TABLE XVII.

## MATERNITY AND CHILD WELFARE

The following table furnishes information for 1961 with regard to the Maternity and Child Welfare Centres established in the County.

Address	Whether Sessions are held weekly, fortnightly or monthly	Day and time of meeting	Average attendance per session (children)	No. of children who attended during the year and who were born in 1961	Present arrangements for medical supervision
Abergele, Pentre Mawr ... ..	Weekly	Thursday p.m.	31	55	Assistant Med. Officer
Broughton, Council School ... ..	Fortnightly	Monday p.m.	29	41	"
Brymbo, Council School ... ..	Fortnightly	Thursday p.m.	25	42	"
Cefn, County Clinic ... ..	Weekly	Friday p.m.	23	85	"
Chirk, Ambulance H.Q. ... ..	Fortnightly	Thursday p.m.	42	64	"
Coedpoeth, Church Hall ... ..	Fortnightly	Monday p.m.	36	49	"
Colwyn Bay, Nantyglyn Road ... ..	Weekly	Tues., a.m., p.m.	31	119	"
Colwyn Bay, Church Room, Mochdre	Fortnightly	Monday p.m.	41	31	"
Colwyn Bay, Church House, Llysfaen	Fortnightly	Monday p.m.	23	15	"
Denbigh, County Clinic ... ..	Weekly	Wednesday p.m.	41	89	"
Glan Conway, Church Institute ...	Fortnightly	Monday p.m.	14	10	"
Glynceiriog, Ceiriog Institute ...	Fortnightly	Tuesday p.m.	11	25	"
Gresford, Church House ... ..	Fortnightly	Friday p.m.	30	33	"
Holt, Kenyon Hall ... ..	Fortnightly	Wednesday p.m.	13	17	"
Johnstown, Christchurch Chapel Schoolroom	Fortnightly	Tuesday p.m.	19	41	"
				18	"
				8	"



Table XVII (continued).

Address	Whether Sessions are held weekly, fortnightly or monthly	Day and time of meeting	Average attendance per session (children)	No. of children who attended during the year and who were born in 1961	No. of children who were born in 1956/59	Present arrangements for medical supervision
Llansannan Village Hall ...	Monthly	Thursday p.m.	28	18	33	Assistant Med. Officer
Llanddulas, C.M. Chapel ...	Monthly	Monday p.m.	13	7	8	"
Llangollen, Welfare House ...	Fortnightly	Tuesday p.m.	34	63	29	"
Llanrwst, County Clinic ...	Weekly	Tuesday p.m.	40	60	133	"
Llanrhaeadr Y.M., Public Hall ...	Fortnightly	Monday p.m.	16	13	28	"
Llay, County Clinic ...	Fortnightly	Tuesday p.m.	41	73	38	"
Rhos, County Clinic ...	Weekly	Wednesday p.m.	25	90	29	"
Rhos-on-Sea, Church House ...	Fortnightly	Tuesday a.m.	32	31	43	"
Rhosrobin, County Clinic ...	Fortnightly	Friday p.m.	47	66	89	"
Rhostyllen, Church Hall ...	Fortnightly	Monday p.m.	36	61	16	"
Rossett, Church Hall ...	Fortnightly	Wednesday p.m.	23	27	40	"
Ruabon, Old People's Hall ...	Fortnightly	Thursday p.m.	25	43	3	"
Ruthin, Baptist Chapel ...	Weekly	Tuesday p.m.	21	84	85	"
Southsea, Church Institute ...	Fortnightly	Thursday p.m.	34	57	6	"
Merchandise Hall, Kinnel Bay ...	Monthly	Wednesday p.m.	19	22	25	"
Wrexham, Gatefield ...	Weekly	Monday p.m.	31	76	21	Gen. Med. Practitioner
Wrexham, Garden Village ...	Weekly	Wednesday p.m.	25	47	39	Assistant
Wrexham, Queens Park ...	Weekly	Mon., Thurs., p.m.	37	221	37	Med. Officer
Wrexham, 1, Grosvenor Road ...	Weekly	Mon., Wed. p.m.	31	197	71	"
Vroncysyllte, Primitive Chapel ...	Monthly	Tuesday a.m.	11	6	8	"
Trevor, The Old School ...	Monthly	Monday p.m.	14	8	15	"



## MATERNITY AND CHILD WELFARE

### DENTAL TREATMENT

The Senior Dental Officer reports as follows:—

“ In presenting the year's figures, I would like to point out that there has been a gratifying increase in the number of patients presenting themselves for inspection and treatment, although it is also noticeable that the whole of the increase has taken place in the Eastern section of the County.

The New Clinic at Queen's Park, Wrexham, came into full operation during the year, when the County was fortunate to obtain the services of a very experienced Dental Officer, viz., Mr. Jones-Pritchard.

During the year, it is hoped that the Abergele Clinic will be re-equipped, leaving only Llanrwst on the West side, to be modernised.

On the technical side, I would like to express my thanks to the Dental Mechanic who undertakes the construction of dentures, but I am still of the opinion that it would be even more satisfactory if we could establish our own Mechanical Workshop.”

**DENTAL CARE**  
**TABLE XVIII.**  
**ANNUAL RETURN OF WORK**  
**EXPECTANT AND NURSING MOTHERS**  
**January to December, 1961.**

	Western Area No. 1	Western Area No. 2	Eastern Area No. 1	Eastern Area No. 2	Total
No. referred for treatment ...	12	13	382	339	746
No. requiring treatment ...	12	13	379	334	738
No. completed treatment ...	7	8	308	320	643
Attendances for treatment ...	15	16	845	693	1569
Sessions devoted to treatment	2	2	98	106	208
Anaesthetics:					
General anaesthetics ... ..	7	12	192	138	349
Local anaesthetics ... ..	5	3	80	100	188
Extractions ... ..	84	119	770	730	1703
Fillings ... ..	2	5	141	109	257
Dentures supplied ... ..	5	6	123	79	213
Adjustments ... ..	2	4	38	33	77
Repairs ... ..	—	—	1	2	3
Sundries ... ..	1	1	34	46	82
Advice ... ..	2	3	88	50	143
Scaling and gum treatment ...	4	6	21	62	93

TABLE XIX.

**MATERNITY AND CHILD WELFARE  
DENTAL TREATMENT, 1961.**

**(a) Number provided with Dental Treatment.**

	No. examined	No. needing treatment	No. treated	No. made dentally fit
Expectant and Nursing Mothers ...	746	738	729	643
Children under 5 years of age ...	94	64	64	64

**(b) Forms of Dental Treatment provided.**

	Extractions	Local Anaesthetics	General Anaesthetics	Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Radio-graphs	Dentures provided
Expectant and Nursing Mothers ...	1703	—	349	257	93	—	16	213
Children under 5 years of age ...	143	—	64	—	—	—	—	—

## CARE OF PREMATURE INFANTS

During the year 182 premature live babies were born, of whom 156 survived until one month old.

The following Table shows where the premature babies surviving to one month old were born:—

Home	Private Nursing Home	Regional Hospital Board Accommodation
32	—	124

Further consideration was given to the Care of the Premature Infant in the light of the report on the "Prevention of Prematurity and the Care of Premature Infants" of the Joint Sub-Committee of the Standing Medical Advisory Committee and the Standing Maternity and Midwifery Advisory Committee. There already exists a close collaboration between the Maternity Paediatric and Local Health Authority Services, and the arrangements which had been formulated some years ago have worked out satisfactorily.

## PROVISION OF MATERNITY OUTFITS

Maternity Outfits containing requisites in accordance with the Ministry's guidance, were provided for domiciliary confinements.

These are issued to domiciliary midwives according to requirements, and one outfit is always available for emergency use on every Denbighshire Ambulance.

629 Maternity Outfits were issued during 1961.

## WELFARE FOODS

As from 1st June, 1961, Orange Juice has been sold at 1/6d. per bottle instead of as previously 5d., and in place of free supplies of Cod Liver Oil and Vitamin Tablets, these have been sold at 1/- per bottle and 6d. per packet respectively. In addition, and in conjunction with these alterations, the foods are sold for cash and the "postage stamp" system is gradually going out of use. Supplies of food can still be made to persons in need, free of charge.



The total quantities of non-proprietary foods distributed during 1961 were:—

National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin Tablets Packets	Orange Juice Bottles
16427	5818	5426	37211

## CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

During the past year 65 mothers were admitted to Bersham Hall, and of these, 22 were from Denbighshire.

Bersham Hall has continued to function as in previous years, and it has fulfilled a very useful purpose for, though many unmarried mothers can successfully cope with their difficulties, there are many who are precariously situated. For the latter, Bersham Hall provides a welcome haven where shelter, food, comfort and care can be provided. But, in addition, if past records are an indication, these girls seem to find here a more abiding influence which guides them through later life.

Admissions from the various Counties to the Home were:—

County of origin	No. of cases admitted during 1961
Anglesey ... ..	2
Caernarvonshire ... ..	6
Denbighshire ... ..	22
Flintshire ... ..	25
Merionethshire ... ..	4
Montgomeryshire ... ..	6
	<hr/> 65 <hr/>

The disposal of Denbighshire babies born in 1961 while their mothers were resident at Bersham, was:—

Adopted	Children's Dept.	Remaining with Mother	Death	Total
12	—	5	—	17

## MIDWIFERY SERVICE

The Domiciliary Midwifery Service has operated as in previous years.

Once again, there has been an increase in the number of domiciliary births from 527 in 1960 to 613 in 1961. This has added appreciably to the load of the domiciliary midwives, and if this trend continues, it will be necessary to increase the establishment.

Circular 28/61 (Wales) made suggestions for the use of the services of domiciliary midwives to the best advantage. In this County, we are fortunate in that sufficient domiciliary midwives have been recruited to meet the needs of the Service, although several midwives retired during 1961. The various suggestions in the Circular have been practised in Denbighshire for many years, but the pressure on the Domiciliary Midwifery Service will, in all probability, continue to increase. The situation will need constant re-assessment and, already due to trends, it is necessary to reconsider the length of time following the confinement, the midwife should attend the mothers.

Although, officially, the "lying-in" period was reduced from 14 to 10 days, Denbighshire Midwives continued attending until the fourteenth day, when the responsibility was transferred to the Health Visitor.

The number of mothers delivered in Hospitals, but requiring the attendance of a domiciliary midwife upon discharge, either because of being discharged before the tenth day or for other reasons was 1,230.

Due to increased domiciliary births and the number of mothers who are discharged from hospital before the tenth day, the point has now been reached when the period of attendance by Midwives will have to conform with statutory requirements. Furthermore, the Midwives have been attending Ante-Natal Clinics in General Medical Practitioners' premises and, in addition have, in conjunction with Health Visitors, held Mothercraft and Relaxation Classes at Llanrwst, Cefn, Rhosllanerch-rugog, Queen's Park and 1 Grosvenor Road, Wrexham.

During the year, 6 Midwives, in accordance with the rules of the Central Midwives Board, attended Refresher Courses, and 6 attended Courses on Relaxation Exercises during Pregnancy.

The Domiciliary Midwifery Service continued to participate as an integral part of the Maternity Services, giving every help to General Medical Practitioners and Consultant Obstetricians. The close co-operation existing in East Denbighshire has resulted in a better service, but it must be appreciated that this throws a heavy burden on those concerned with the administration of the service.

County Midwives staff the Hospital Ante-Natal Clinics at Rhos and Cefn and, at the request of the Consultant Obstetrician, sociological reports are submitted when the possibility of Home Confinement is considered and, similiarly, staff trace mothers who play truant from the Ante-Natal Clinic. During the year, the number of requests received for:—

- (a) Sociological report for Home Confinement was 88.
- (b) Truanting from Ante-Natal Clinic was 69.

The intimate and often personal relationship that exists between the domiciliary midwife and these mothers make these difficult tasks easier and I doubt whether anybody else could, as successfully, prevail upon some mothers to avail themselves of the various services at their disposal.

A Comparative Table of Live and Still Births occurring in Denbighshire during 1961 and allocated according to whether the birth occurred at home or in hospital.

Location of Birth	Number of	
	Live Births	Still Births
Domiciliary ... ..	604	9
Maternity accommodation ... ..	2393	64

Number of cases delivered in hospitals but attended by domiciliary midwives on discharge from institutions and before the fourteenth day ... .. 1230

**Supervision of Midwives.**

The duties of a Local Supervising Authority are vested in the Denbighshire County Council, which has appointed the County Medical Officer of Health as Medical and the Superintendent Nursing Officer as non-Medical Supervisor of Midwives.

The primary responsibility for these duties devolves upon Miss Chune and the high standard of the domiciliary midwives is due, in no small measure, to her enthusiasm and inspiration.

The following table shows the various Employing Authorities in Denbighshire, and the number of midwives they employ respectively:—

Employing Authority	No. of Midwives employed whole or part-time
Local Health Authority ... ..	59
Private Practice:	
Domiciliary ... ..	1
Private Nursing Home ... ..	—
Hospital Service:	
Welsh Hospital Board ... ..	61

**Analgesia.**

56 Domiciliary Midwives have been trained to administer gas and air and the requisite apparatus has been provided.

Of the 597 domiciliary confinements attended by the Local Health Authority Midwives, either in their capacity as a midwife or maternity nurse, gas and air were administered in 352 confinements, while pethidine was given in 335 confinements.

## **Midwives Act, 1951, Section 14.**

### **Medical Aid:**

Number of patients for whom medical aid was summoned by a certified midwife	20
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Total amount of medical claims paid by Local Health Authority ... ..	£8 5s. 6d.
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## **Part II. Midwifery Training School.**

During 1961, twenty-seven pupil midwives received, in Denbighshire, training from one of the Central Midwives Board Approved Teaching Midwives. Of these 27 were successful in their examinations.



**TABLE XX.**  
**DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES**  
**DURING 1961**

	Number of deliveries attended by Midwives in the area during the year				
	Domiciliary Cases				Totals
	Doctor not booked		Doctor booked		
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child	
Midwives employed by the Authority ... ..	—	9	122	466	597
Midwives in Private Practice (inc. Midwives employed in Nursing Homes) ... ..	—	—	1	—	1
Totals ... ..	—	9	123	466	598

## HEALTH VISITING

The administrative arrangements for the Health Visiting Service in Denbighshire continued as in previous years, but the impact of events have clearly crystalised more decisively the attitudes and reactions of the Health Visitors. The heavy case-load, the wide range of social problems and the emergence of more social workers in the field, have all accelerated the process of re-orientation of Health Visitors which has become manifest at staff discussions, Case Conferences and in their individual Annual Reports to me. In such a wide field, it is inevitable that the personal bias of each Health Visitor should manifest itself but, without exception, every Health Visitor maintains categorically that Home Visiting is the most fruitful form of social work.

In support of this contention, it is as well to record that at the various Case Conferences which have been held, invariably, the Health Visitor had, as a result of Home Visits, gained a comprehensive picture of the social background of the family under discussion but, in addition, and which may be even more important, had become the confidant of the family. Instances constantly recur where the Health Visitor succeeds in obtaining the co-operation of the family where every other social worker has failed. Specifically, as a result of these Case Conferences, the Health Visitors in Denbighshire have come to appreciate their inter-relationship with the Mental Welfare Officers and the role they have to play in the Mental Health Service, but what may be of even greater importance, they have realised the valuable contribution they have made and can make in the future.

Administratively, these Case Conferences showed that the Health Visitors, working rather in isolation, had a wealth of knowledge, gleaned from personal observation, which was seldom fully appreciated or utilised. With this in mind, it was decided to organise four study groups to investigate and report upon "Early manifestations of deviation from the Normal," in the age groups 0-5, 5-15, 15-65 and over 65 years. The Groups submitted their findings at a Staff Conference, having the Chairman of the Health Committee, Dr. Ifor H. Davies as Chairman. The Group Reports showed careful study, profound thought, a wide experience and reflected the divergent opinions of the group members. The ensuing discussion was sufficiently inspired for the staff to suggest another session to review and again discuss the reports. This proved a stimulating and enlightening experience which made me again ponder whether the Health Visitor and, indeed, the Health Department, devotes sufficient time to assess and analyse their achievements.

Whether as a direct result of this Conference or not, the Health Visitors were instrumental in referring many cases of early disease for investigation. Three cases of hypercalcaemia, one of muscular dystrophy and many other minor diseases were diagnosed as a result of referral by the Health Visitor. The routine testing for phenylketonuria and screening tests for defective hearing are carried out at Clinics by the Health Visitors. These are positive, tangible and concrete procedures which are appreciated by the mothers, and therefore make them more susceptible to Health propaganda and education.

Living as we do in a constantly changing society, it is as well that the Health Visitors possessing resiliency and adaptability. While the standards of infant and child care continue to improve, those of the indigent elderly decline. The social problems of the elderly would appear to grow in proportion to the increased number of old people, and this constantly occupies much of the energies of the Health Visitors in this County.

**TABLE XXI.**

**Table (a).**

---

First visits to children under 1 year of age ... ..	2725
Total visits to children under 1 years of age ... ..	18956
Total visits to children between 1 and 5 years ... ..	23379
First visits to expectant mothers ... ..	601
Total visits to expectant mothers ... ..	1059
Total visits to other cases ... ..	8490

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## Summary of Work of Health Visitors.

Table (b).

District	No. of visits to children under 1 year		No. of visits to children 1-5 years	Expectant mothers	
	First Visits	Visits Total		First Visits	Visits Total
Rhos and Johnstown	134	958	767	29	51
Penycæ, Garth, Trevor and Acrefair	120	613	754	30	62
Rhostyllen, Ruabon, Marchwiell, Isycoed and Abenbury	165	896	1154	6	11
Coedpoeth, Southsea, New Broughton, Bwlchgwyn	122	1052	1082	30	48
Brymbo, Broughton	97	640	1074	33	67
Llay, Gresford, Rossett	229	553	786	12	9
Gwersyllt, Rhosrobin, Summerhill	110	1612	1274	35	70
Llangollen and Cefn	96	677	1201	77	155
Abergele, Betws-yn-Rhos, Llanfair T.H., Llanellian-yn-Rhos	105	1033	1530	76	87
Denbigh Borough, Ruthin Rural (part), Aled Rural (part)	200	2067	2606	31	46
Llanrwst, Llanddoget, Llangernyw, Glan Conway, Eglwysbach, Gwytherin	71	427	589	22	70
Ysbytty Ifan, Llanfihangel G.M., Pentrevoelas, Llangwm, Cerrig	78	398	516	2	2

Table XXII (continued).

District	No. of visits to children under 1 year		No. of visits to children 1-5 years	Expectant mothers	
	First Visits	Total Visits		First Visits	Total Visits
Llanrhaeadr Y.M., Llansilin, Chirk, Glynceiriog and Vroncysyllte ... ..	137	1131	1651	1	3
Ruthin Borough, Ruthin Rural (part) ... ..	127	698	988	33	79
Borough of Colwyn Bay ... ..	331	1716	2710	89	150
Borough of Wrexham ... ..	603	4485	4697	95	139
Totals ... ..	2725	18966	23379	601	1059



## HOME NURSING

The Home Nursing Service has again maintained its high reputation amongst the community, although it has had to contend with a heavy load. Apart from one or two areas, for a comparatively short period, all the posts on the establishment have been occupied. This reflects credit on the recruiting ability of the Superintendent Nursing Officer, as well as the reputation of the Nursing Service in Denbighshire which is due, in no small measure, to the devotion to duty of Miss Chune the Superintendent Nursing Officer, whose report on the Service I append:—

“ Total care of the population as envisaged by the National Health Service Act of 1946—operable July, 1948, is certainly being carried out with the sick population. Relationship between District Nurse and General Practitioner has always been one of the finest partnerships—long before 1948—but none, or very little, co-operation existed with hospitals and consultants. Now, both recognise the importance of the work of the District Nurse and a very close liaison exists. Paediatrician, physician, surgeon and now geriatrician, refer cases through the general practitioner, usually for continuation of hospital treatment or treatment to prevent hospitalisation and some Consultants now ask to see the Nurses to discuss the treatment or the patient's progress.

“ This, with the work of the Health Visitors and other workers in the field gives us a nearness to the goal we all hope to achieve—total care of the population. The great advance in medical technique—antibiotics, early ambulation and the rehabilitation of the patient have been, to say the least, exciting and satisfying to the Nursing profession and to meet this change, the Nurse training is slowly, but surely, changing.

“ The State Enrolled Nurse is playing a greater part in hospital and district clinical work, leaving the State Registered Nurse for the more highly skilled work. There is no doubt that there will be, before too long, more changes in Nurse training. Also, one must face the fact that the need for a change of pattern of work in District Nursing is not too far distant.

“ Up to the present, the noticeable lack of service to others which I feel is linked with the loss of a Christian Faith in so many homes, has not been felt in the field of District Nursing, but the fact that this state exists, has to be recognised and the young Nurse (in particular) guarded against it. The Nursing ideal must be kept at any cost, I feel. However, Nurses are human and when one sees shorter hours continually being introduced and higher wages paid, one wonders how long the District Nurse will be content to maintain a 24-hour service.

“ Where possible, Group Relief is arranged, but as the work increases, the relief Nurses are absorbed as extra Staff on the busy areas and so relief for off duty becomes difficult to arrange and the Nurses are asked to relieve each other's district for off duty periods. A great strain for a Nurse to bear on occasions.

“ It is often forgotten that the District Nursing Service, like the General Practitioner Service, is a round the clock one. Will this mean a separate Night Staff on the district at some future date? I think so.

“ To keep abreast with up-to-date methods and changes in treatment, five Nurses have attended post-graduate Courses and all expressed appreciation and satisfaction for knowledge gained and the experience of talking and listening to colleagues from over a wide area.”

TABLE XXIII.

## SUMMARY OF CASES ATTENDED AND VISITED BY HOME

## NURSES DURING 1961

(1)										
	(2) Medical	(3) Surgical	(4) Infectious Diseases	(5) Tuberculosis	(6) Maternal Complications	(7) Others	(8) Totals	(9) Patients incl. in (2)-(7) who were 65 or over at time of first visit during year.	(10) Children incl. in (2)-(7) who were under 5 at time of first visit during year.	(11) Patients incl. in (2)-(7) who have had more than 24 visits during year.
Number of cases attended by Home Nurses during the year	4456	1313	7	45	69	629	6519	3084	411	1284
Number of visits paid by Home Nurses during the year ...	113862	26356	52	2200	803	3450	146723	93781	2274	84969

## VACCINATION AND IMMUNISATION

### Smallpox Vaccination.

The number of infants vaccinated against Smallpox during 1961 was 1,206, which is 40.5% of those born during the year.

Towards the end of 1961 the Ministry of Health informed the Medical Officer of Health that a case of Smallpox had been diagnosed in London. Subsequently, further cases occurred in various parts of Britain. The considerable publicity given to these cases resulted in a strong demand for vaccination from the public.

The episodes have salutatorily emphasised the need for vaccination and constant vigilance by the Medical Officer of Health.

TABLE XXIV

Vaccinations performed during 1961.

Primary Vaccinations	Re-vaccinations
Under 1 year ... .. 1206	Under 1 year ... .. —
1-4 years ... .. 137	1-4 years ... .. 3
5-14 years ... .. 73	5-14 years ... .. 21
15 years and over ... 148	15 years and over ... 155

### Diphtheria and Whooping Cough Immunisation.

The special programme commenced towards the end of 1960, carried on to the early months of 1961. A study of Table XXVI shows that full advantage was taken of the public demand for immunisation against Diphtheria. At the end of this drive, it was pleasing to realise that the Diphtheria Immunity Index had been raised to a satisfactory level.

**TABLE XXV**

Number immunised during the year.

	Under 5 years	5-14 years	Total
Number immunised against Diphtheria:			
Primary ... ..	2448	2704	5152
Booster ... ..	192	1684	1876
Number immunised against Whooping Cough ... ..	2338	147	2485
Number immunised against Tetanus ... ..	2210	49	2259



**TABLE XXVI.**  
**DIPHTHERIA IMMUNITY INDEX**

Percentage of children under 5 years and under 15 years of age estimated to have been immunised against Diphtheria during the years 1957-61.

	Under 5 years	Under 15 years
Denbighshire ... ..	61	74
Wales ... ..	60	50
England and Wales ... ..	64	51

**TABLE XXVII**

Number of cases of Whooping Cough notified since 1951 in Wrexham and Colwyn Bay Boroughs and the Administrative County.

Year	Wrexham Borough	Colwyn Bay Borough	County
1951	70	17	321
1952	115	<b>12</b>	161
1953	111	15	191
1954	45	17	237
1955	71	<b>9</b>	212
1956	35	1	160
1957	64	26	198
1958	25	1	72
1959	66	—	109
1960	50	26	154
1961	11	<b>1</b>	85

#### **Tetanus Immunisation.**

The Triple Vaccine contains Tetanus Toxoid which stimulates protection against this disease. Unfortunately, it has been impossible to evolve a satisfactory method of providing a personal record which would be available at all times.

**Poliomyelitis.**

Early in the year, the Minister of Health made provision for the vaccination of persons who were over forty years of age, but the General Medical Practitioners were made responsible for this Group.

It was also recommended that a reinforcing fourth dose should be offered to children in the 5-12 years age group. With the co-operation of the Schools, all parents of the children involved were asked to authorise this procedure by signing a Consent Form. As will be noted from Table XXVIII the response was excellent. To some extent this was influenced by outbreaks of poliomyelitis in neighbouring areas, and this also stimulated attendances of the 15-40 age group at the various evening Clinics.

Since the introduction of poliomyelitis vaccination, approximately half of those eligible have received two injections. The position is much more satisfactory in the 0 - 15 age-group for, approximately, 78% have been protected. However, this should not lead to complacency for the one case of poliomyelitis notified during the year was in a young unvaccinated child.

The situation generally was made more complex by the proposed introduction of the Live Oral Vaccine. Towards the end of 1961, the supply of Salk Vaccine was in short supply, while the Sabin had not become available except for the control of epidemics. Plans were made in readiness for the introduction of the Sabin Vaccine so that administrative changes could be executed without undue disruption.

**TABLE XXVIII**

Number vaccinated during 1961.

PRIMARY VACCINATIONS					Reinforcement Injections	
0 - 4	5 - 14	15 - 25	25 - 40	Total	3rd	4th
2205	2408	1719	6592	12924	5830	10414

Total number who have received a third injection ... .. 47052

The total number of persons who have received two injections since the commencement of the scheme 60494

## AMBULANCE SERVICE

The programme of reorganisation which was initiated during 1960 progressed steadily during 1961. Additional Ambulances were purchased, radio control in conjunction with the Police and Fire Service, was introduced, and additional drivers were appointed. This phased development will continue for, as yet, no provision has been made for garages and adequate reserves of vehicles and personnel.

The demands on the Service continue to increase, and it will be noted from Table XXIX that there was a substantial increase in the number of patients carried as compared with previous years. This was due to the expansion of the various Hospital and Local Health Authority Services, and these trends will continue. It is therefore probable that, with the opening of a Day Psychiatric Hospital in Wrexham, the extension of the Geriatric Service and the County Chiropodist Service, the Ambulance Service load will increase.

It is gratifying to pay tribute once again to the various voluntary organisations which have given such valuable support to the County Ambulance Service. The new arrangement seems to be working well and the volunteers have co-operated wholeheartedly.

Normally, the smooth, efficient and life saving operation of the Ambulance Service is taken for granted, and the only criterion is the absence of complaint or the occasional letter of appreciation from grateful patients. There were no complaints submitted to me, but I did receive expressions of appreciation. Members of the staff were called upon to administer First Aid and apply artificial respiration. The Minuteman Resuscitator and the Mouth-to-Mouth Method have been used successfully.

An outstanding achievement was the success of the Denbighshire Team in winning the Wales Region Ambulance Service Competition. Drivers J. Glyn Jones and D. H. Jones represented

Wales at the National Competition at Moreton-in-the-Marsh, Gloucestershire, and although they did not win on that occasion, they gave a good account of themselves against keen competition.

Another event worthy of recording was the hazardous rescue operation from the top of Moel Famau on the 6th November, 1961, at 2.15 a.m. A man had fallen from the top of the ruined tower and had been seriously injured. The Police, together with the Land Rover Ambulance, were alerted and they immediately set forth along the precipitous track which led up the mountain side. The final approach to the tower was particularly steep, rough and perilous but the Land Rover Ambulance succeeded in getting to within forty yards of the injured man. Those who have climbed to the Tower know that the final slope has but an ill-defined track, and that it would need an intrepid driver and a sturdy vehicle to reach the top in daylight, but this patient was rescued and taken to hospital under bad conditions and in the dark. The driver, Mr. D. H. Jones, Ruthin, and the Voluntary Attendant, Mr. D. Williams, Superintendent Ruthin Division of the St. John Ambulance Brigade, were duly congratulated for their intrepid and devoted efforts. This event highlights the co-operation which exists between the various services in Denbighshire. As has always been customary, this was a truly combined operation involving the Police Voluntary Organisation and the Ambulance Service, and I would acknowledge my appreciation to the Chief Constable, Mr. A. M. Rees, M.A., for the invaluable assistance and full co-operation of the Police Force on all occasions. It also demonstrates the devotion to duty—if this be needed—of the faithful and loyal band of volunteers who at much personal loss and inconvenience, devotedly serve the community by participating in the County Ambulance Service. I consider that this Authority can feel proud to have on the staff, and associated with the Service, those who regard their duty so responsibly as not to hesitate even in such perilous situations. Finally, I would point out that the Land Rover Ambulance has once again proved its versatility and value.

On the last day of 1961, it was necessary to seek the help of a Helicopter to remove a patient from near Llanrhaeadr Y.M. to hospital. The circumstances were as follows:—



"At 12 noon on this date, Ambulance Control (which was being operated by the Fire Service at Wrexham) received a request to remove a patient from Bwlchgwyn, Llansilin, to the Maelor General Hospital, Wrexham. The request was from a general practitioner who intimated that conditions were very bad and that it might be necessary to utilise the services of a Helicopter to remove the patient. The patient was said to be suffering from severe "internal bleeding" (Uncontrolled Metrorrhagia). Apparently the doctor had managed to cross several fields to reach the isolated house and was relaying messages via farm workers to a telephone some distance away. Fire Control thereupon rang the Administrative Officer at his home and asked for instructions. A Land Rover Ambulance was sent out and the Administrative Officer returned to the Station at approximately 1.40 p.m. On arrival at the station, he was informed that since the Ambulance had left Oswestry, it had not been possible to establish radio contact. Thereupon the Police along the route which the Ambulance would travel were asked to keep a lookout for the vehicle and to report. In the meantime, a further urgent telephone call was received asking for the Ambulance. Unfortunately, it was not possible to contact the doctor direct, so that the medical condition of the patient was never ascertained by Control. There was no contact with the Ambulance crew, and as there were further telephone requests for removal of the patient, it was decided at 2.45 p.m. to ask the R.A.F., Valley, if they were prepared to release a helicopter to undertake the transfer of the patient. This they agreed to do.

"At 4 p.m. Control were advised that the Ambulance had arrived at the house. At 4.15 p.m. Control were informed that the Helicopter had arrived and were asked for instructions regarding removal.

"In view of the length of time taken by the Ambulance to reach the house, and that the Driver reported considerable difficulty en route, and was still with the patient, it was decided to use the Helicopter for removal, and arrangements were made with the Police and Fire Services for a landing ground to be prepared at Wrexham.

"A subsequent telephone message to Control intimated that the Helicopter had left the scene with the doctor and patient on board, but that in view of the weather conditions, the Helicopter was going to land at Oswestry as the pilot had done so on previous occasions and was familiar with the area. At 5.10 p.m. Control ascertained from the Oswestry



General Hospital that the patient had been admitted.”

Assessing all the circumstances of the case in retrospect, I felt that the Ambulance Control were justified in the action they took.

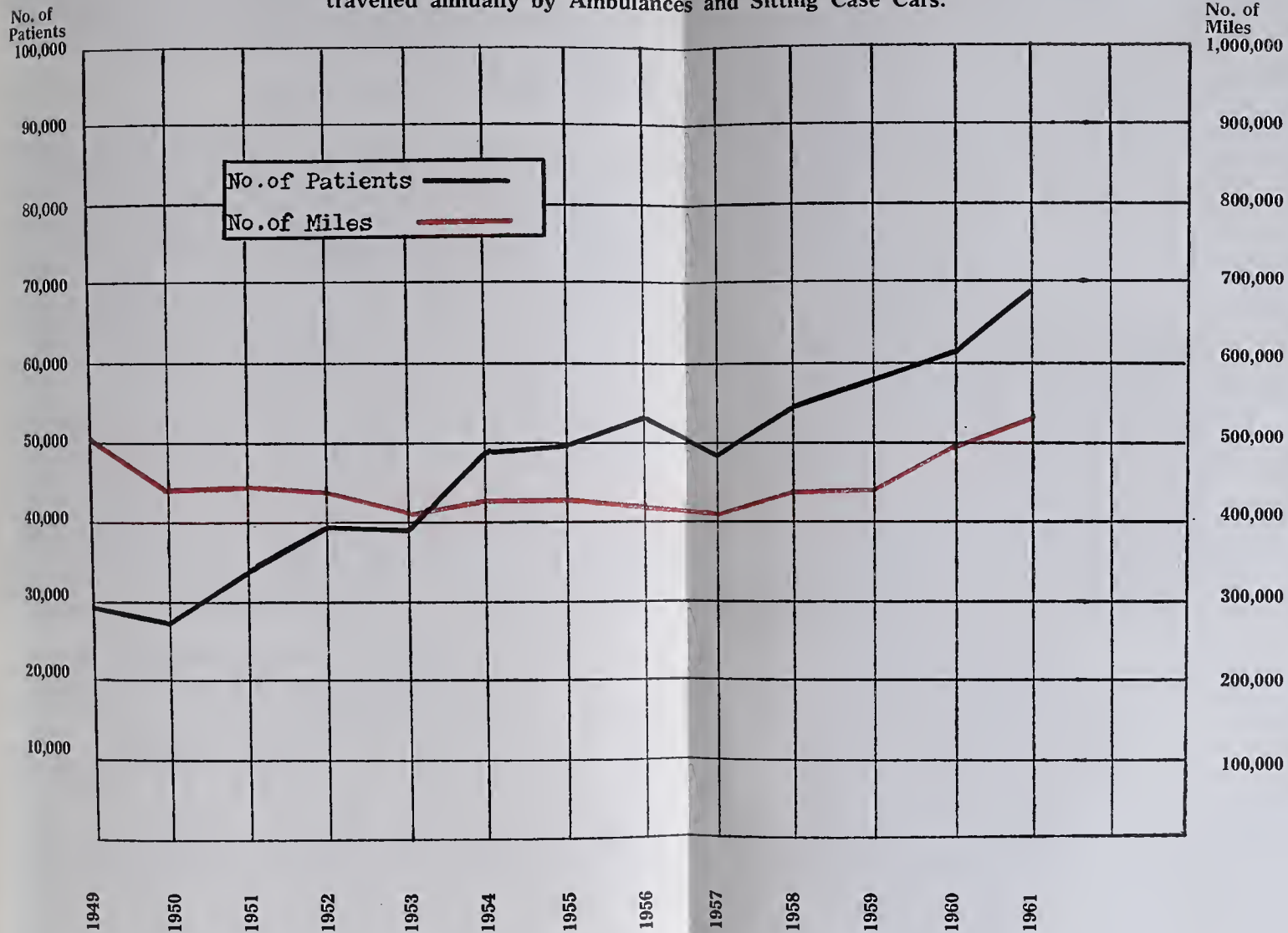
**TABLE XXIX**

Name of Ambulance	No. of cases conveyed	Total mileage
Abergele ... ..	2553	26926
Colwyn Bay ... ..	7060	47085
Colwyn Bay Isolation Hospital	—	—
Cerrigydrudion ... ..	72	2818
Denbigh ... ..	4104	41516
Llangernyw ... ..	2155	28104
Llanrwst ... ..	101	3225
Ruthin ... ..	2875	33321
Cefn ... ..	7471	42311
Chirk ... ..	1114	12337
Llangollen ... ..	2652	20554
Rhos ... ..	5349	19058
Wrexham ... ..	20474	81711
Grand Total ... ..	55980	358966
1960 ... ..	50957	340799

**TABLE XXX**  
**SITTING CASE CARS**

Month			Taxis	Cases W.V.S.	Total	Taxis	Mileage W.V.S.	Total
January	...	...	1081	88	1169	14430	1686	16116
February	...	...	951	82	1033	13217	1558	14775
March	...	...	1091	108	1199	14507	2013	16520
April	...	...	814	78	892	12307	1294	13601
May	...	...	1251	76	1327	15159	534	15693
June	...	...	1249	86	1335	15679	1008	16687
July	...	...	1071	61	1132	13142	902	14044
August	...	...	1238	25	1263	14172	1081	15253
September	...	...	981	7	988	14077	275	14352
October	...	...	1286	32	1318	14033	866	14899
November	...	...	1150	30	1180	14548	1002	15550
December	...	...	955	14	969	12475	502	12977
Totals	...	...	13118	687	13805	167746	12721	180467
Totals for 1960			9239	701	9940	143982	17873	161855

A Graph showing the number of patients carried and miles travelled annually by Ambulances and Sitting Case Cars.



## PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

The administrative arrangements for performing the duties arising from this section have continued as previously. Services which had previously been established have continued to expand to meet the increasing responsibilities of the Authority.

### PREVENTION OF TUBERCULOSIS.

As in previous years, those concerned with combating Tuberculosis have continued to work in close association, and perhaps the most significant factor has been the substantial growth of the efforts made by the Local Health Authority. The Hospital Board provides for the clinical aspect of the problem through the various Hospitals, Chest Clinics and the Mass Miniature Radiography Service. The General Medical Practitioners' Service also has a prominent part to play in diagnosis and treatment. In the prevention of tuberculosis, the clinical team has also an important role, with particular reference to the individual, while the Local Health Authority has a primary part to play in controlling tuberculosis amongst the community. It is in the latter context that there has been a substantial improvement in the service. The expansion of the Service which occurred in 1960 continued in 1961, and an examination of the Table showing B.C.G. Vaccination of School-children shows that there was a substantial increase in the number of Mantoux Tested and to whom B.C.G. Vaccination was given. In addition to this purely statistical evaluation, it has also been possible to give much more active support to the other Services in tracing contacts, arranging X-Ray examinations and in the general provisions for Care and After-Care of patients.

#### B.C.G. VACCINATION OF SCHOOLCHILDREN DURING 1960 AND 1961

	No. tested	No. found positive	No. found negative	Number vaccinated
1961 ... ..	3234	614	2651	2626
1960 ... ..	2820	578	2106	2097

# Mass Radiography Service.

The following Tables give details of the work done by the Mass Radiography Units in Denbighshire during 1961:—

Unit "F."

TABLE XXXI

Location		No. X-rayed	Requiring, Further Observation
Clawddnewydd ... ..	Males	29	—
	Females	29	—
	Total	58	—
Clocaenog ... ..	Males	17	—
	Females	15	—
	Total	32	—
Gellifor ... ..	Males	33	—
	Females	47	1
	Total	80	1
Cyffylliog ... ..	Males	19	1
	Females	17	—
	Total	36	1
Llanarmon Y.I. ... ..	Males	26	3
	Females	30	—
	Total	56	3
Llanelidan ... ..	Males	10	—
	Females	8	—
	Total	18	—
Llandyrnog ... ..	Males	22	—
	Females	23	—
	Total	45	—
Llanfair D.C. ... ..	Males	14	—
	Females	25	—
	Total	39	—
Llanferres ... ..	Males	17	—
	Females	33	—
	Total	50	—
Llanrhaeadr Y.C. ... ..	Males	16	—
	Females	16	1
	Total	32	1



**Table XXXI (continued).**

Location		No. X-rayed	Requiring Further Observation
Mochdre ... ..	Males Females Total	63 55 118	— — —
Nantglyn ... ..	Males Females Total	28 27 55	— — —
Rhewl ... ..	Males Females Total	13 21 34	— — —
Total ... ..	Males Females Total	307 346 653	4 2 6

**TABLE XXXII**

**Unit "G."**

Circuit Location	No. Examined
Colwyn Bay ... ..	979
Denbigh ... ..	801
Ruthin ... ..	642
Wrexham ... ..	3136
Special Surveys:	
Industrial establishments, etc. ... ..	4065
Total ... ..	9623

**Tuberculosis Register.**

In consultation with the Chest Physician, the Register was kept under constant review, so the following Table should show accurately the situation in the County.

**TABLE XXXIII**

Cases on Tuberculosis Register on 31st December, 1960  
and 31st December, 1961.

	Respiratory			Non-Respiratory		
	M.	F.	Total	M.	F.	Total
1960 ...	771	581	1352	80	93	173
1961 ...	730	554	1284	67	82	149

Contact tracing and follow-up are important as will be noted from the following:—

**Total No. of cases Registered, 1961:—**

Pulmonary	...	...	...	...	...	...	...	1284
Non-Pulmonary	...	...	...	...	...	...	...	149
Total number of notifications during 1961	...	...	...	...	...	...	...	113
No. of new contacts seen of new cases notified	...	...	...	...	...	...	...	258
No. of contacts notified of this number	...	...	...	...	...	...	...	11
No. of old contacts seen of old cases	...	...	...	...	...	...	...	2898

**MENTAL HEALTH SERVICE.**

The high hopes for expanding the Mental Health Services did not materialise, and the progress made in providing premises was disappointing. The Junior Training Centre at Heulfre, Ruthin, was closed and the children were transferred to Colwyn Bay. This terminated a combined operation between the Children's and the Health Departments, which promised to be a most interesting experiment. The most stimulating and inspiring occurrences were the success of the Chief Mental Welfare Officer in obtaining the Psychiatric Social Workers' Diploma, and the admission of two of our Mental Welfare Officers, Mr. G. Howard and Mr. B. Hughes to the Younghusband Social Workers' Courses at Liverpool and London.

The establishment was brought up to strength by the appointment of two Trainee Mental Welfare Officers, but the load on this section is particularly heavy while two are away on

Training Courses. However, from the long term point of view, I am confident that the Authority will reap a rich harvest.

### **In-Service Training.**

Owing to stress of circumstances, it was not possible to organise formal in-service training for the staff of the section, but this was counterbalanced in some measure by the greater responsibility placed upon the Trainees due to depletion of staff. Day Conferences and Case Conferences have been organised which have helped to bridge the gap.

### **Training Centres.**

The Junior Training Centres at Gwersyllt and Colwyn Bay continued as previously. Additional staff were appointed to cope with the steadily increasing attendances.

The Centre at Colwyn Bay, which is held on the first floor of the Nantyglyn Child Welfare Clinic prospered, despite the difficulties of accommodation; this could not have happened but for the tolerance of all the other staff using the premises. Undoubtedly, the marked improvement of the children, so evident to all, has inspired colleagues to put up with far more inconvenience than they would have done otherwise. However, it must be appreciated that this situation cannot continue indefinitely, and that the provision of new premises is badly needed.

### **Senior Training Centre.**

The Senior Training Centre continued to develop satisfactorily, although this was severely restricted by the limitations of accommodation. A whole-time Craft Instructor, Mr. Rigby, was appointed and, in consequence, the Workshop side expanded appreciably.

It is at this stage that the results of many years of long and arduous work can best be seen. The pupils conduct themselves with responsibility, and conform to a high standard of work discipline. They are industrious, willing, hard-working and well-behaved, if properly supervised and given appropriate incentive. With this in mind, an Incentive Scheme was introduced in January, 1961. The fundamental principle of the scheme is that payment should be related to application and output. The payment is assessed by the Supervisor and it ranges from a few shillings to a maximum of 15/- per week. The response has been excellent, and as conditions are planned to simulate industry as closely as possible, it is a method of preparing the boys for jobs

in open industry. The scheme has not only stimulated efforts but it has helped to raise their self esteem which is so essential to those who are conscious of their mental handicap and also, according to parents, it has helped the older trainees to tolerate with more equanimity their position in society.

### **Parent Teachers' Association.**

The training and teaching of handicapped children is a slow, tedious and continuous process which is exacting and exhausting for all concerned. The parents have and are willing to play their part in helping their children to progress as rapidly as is possible. To ensure a more co-ordinated effort, Parent-Teachers Associations were established and these have resulted in better understanding of the difficulties. This has benefited the parents as much as the children, and I am confident that these efforts will foster better relationships and prove an added incentive to those working in this field.

### **Voluntary Organisations.**

Many voluntary organisations have interested themselves in the Welfare of the Mentally Handicapped, and I would pay due tribute to them for all their interest and valuable assistance. These organisations have provided many items of equipment which otherwise would not have been obtained, but perhaps the most valuable asset is their diverse influence in various quarters which has helped the Department in devious ways. Through their influence, the Senior Centre has obtained contracts for the supply of goods which otherwise would not have been possible. Invaluable advice on local marketing, supply and demand, has been of the utmost benefit.

On the social side, functions have been arranged for the pupils, and periodic trips to the seaside have been paid for by various organisations. Parents and Voluntary Helpers provided a Christmas Social which was enjoyed enormously by the pupils.

### **Hospital Services.**

The main Psychiatric Hospital for the Mentally Sub-normal is located at Oakwood Park, Conway. With the appointment of a Consultant to the Staff of this Hospital, there has been considerable expansion of the Services available. Dr. Craft has expanded and intensified the facilities for treatment and training with considerable improvement in the admission and discharge rates to and from Hospital. This has benefited the patient, relieved the parents, and eased many difficult and insoluble problems for the Local Health Authority.



It has been found that some of the most recalcitrant patients have responded to intensive therapy, with the result that they have returned home and settled down under supervision quite satisfactorily. Short term admission has also proved of inestimable benefit to parents who were succumbing under the strain of the constant care of a mentally sub-normal child. Furthermore, Dr. Craft, has established out-patients' Clinics at various Centres in the County, where patients with abstruse problems can be referred.

The Local Health Authority's Social Workers attend at these Clinics and visit the Hospital at periodic intervals. In this way these services are closely integrated which substantially enhances their value.

### **Domiciliary Social Service.**

According to the "Proposals" of this Authority, Health Visitors and Mental Welfare Officers have joint responsibilities for the social welfare of the Mentally Disordered. With such a deliberately formal arrangement for overlapping functions, there was an inherent risk of antagonism, and at one period, this would appear to have developed despite discussions and explanations. It seemed imperative that the valuable contribution from both these social workers should not be lost, due to any misapprehension or misunderstanding. To clarify the situation, a series of small Case Conferences was convened. At each meeting, three Health Visitors and the Mental Welfare Officers concerned discussed a total of six cases. In attendance were the County Medical Officer or Deputy and the Superintendent Nursing Officer or Deputy. These meetings proved most profitable for, gradually, there emerged a fairly clear pattern of the roles to be played by respective social workers. The Health Visitor, with her intimate knowledge of the family, provided detailed background information, while the Mental Welfare Officer coped with more technical problems of the individual. These Case Conferences have already proved their value and indicated how essential they are to good personal relationship, understanding and co-ordination.

### **Mentally Ill.**

Owing to staff shortage, it has not been possible to develop to the extent hoped for, the Domiciliary social services for the Mentally Ill. Members of the staff attend regularly at the Psychiatric Hospital, and are represented at the weekly hospital Case Conference. Another factor which has militated against the steady expansion of the Service has been the failure of the

Hospital to notify me of discharges. Whilst appreciating that there are statutory restrictions, I feel that more could have been passed on to the Department. However, it must be realised that this will be a major defect in the system, unless some means can be devised to circumvent it.

TABLE XXXIV

Cases dealt with by the Mental Welfare Officers and  
admitted to Hospital.

	M.	F.	T.
<b>Mental Health Act, 1959.</b>			
Section 25 (Observation Order) ... ..	6	13	19
Section 26 (Treatment Order) ... ..	36	40	76
Section 29 (Urgency Order) ... ..	44	54	98
Informal ... ..	15	24	39

	M.	F.	T.
Total informal patients admitted to Hospital during year ... ..	146	213	359

**TABLE XXXV**

**Mental Health Act, 1959.**

	M.	F.	T.
No. of mentally disordered in hospitals at 31/12/61	112	99	211
No. of mentally disordered under guardianship at 31/12/61 ... ..	—	1	1
No. of mentally disordered in "Place of Safety" at 31/12/61 ... ..	—	—	—
No. of mentally disordered under Supervision at 31/12/61 ... ..	149	142	291
No. of mentally disordered awaiting removal to hospital at 31/12/61 ... ..	3	2	5
No. of mentally disordered (new cases) reported during the year, 1961 ... ..	33	12	45
No. of mentally disordered admitted to hospitals during the year, 1961 ... ..	4	3	7
No. of mentally disordered taken to "Places of Safety" during the year, 1961 ... ..	—	—	—
No. of mentally disordered placed under Supervision during the year, 1961 ... ..	23	10	33
No. of mentally disordered that ceased to be under care by reason of death or removal from the area during the year, 1961 ... ..	7	6	13

**TABLE XXXVI**

**Visits by Mental Welfare Officers during 1961.**

	No. of Visits
Mentally Ill ... ..	1067
Subnormal and severely subnormal ... ..	722
Total ... ..	1789

**OTHER TYPES OF ILLNESS.**

Nursing Equipment Loan Depots have continued to provide for those being nursed at home. The Health Department equipment is held by District Nurses, while large and heavy articles are stored centrally. Walking aids were issued to appropriate cases. In addition, the St. John and British Red Cross Society also stock nursing equipment at their various depots throughout the County.

**Recuperative Holiday.**

19 patients were provided with recuperative holidays during the year. Each application was supported by a Certificate or Report from General Medical Practitioners, Consultants, Medical Officers, or Health Visitors. Cases have to be carefully selected as the recuperative holiday tends to become the Annual Holiday.

**Venereal Diseases.**

The number of Denbighshire patients dealt with for the first time during 1961 at Treatment Centres was 113 which were classified as follows:—

**TABLE XXXVII**

	Syphilis	Gonorrhoea	Other Conditions	Total
Llandudno General Hospital ...	—	4	7	11
St. Asaph General Hospital ...	—	2	3	5
Wrexham War Memorial Hospital ... ..	1	11	85	97
Totals ... ..	1	17	95	113



## Community Care of the Elderly.

During 1961, two Consultant Geriatricians were appointed to serve the respective Hospital Management Committees which cover Denbighshire, and I extend to both a cordial welcome upon their advent. Both have part of their services allocated to the Local Health Authority and already they have made their presence felt. They have succeeded in obtaining movement of patients to and from hospital, either from Welfare Homes or their own homes. More active and concentrated treatment has rehabilitated many patients sufficiently for their discharge and, in consequence, this has freed beds so that patients needing attention can be admitted more quickly. This has resulted in an improvement in the service given by the Health and Welfare Services, for the heartbreaking impasse of no hospital beds for direly urgent cases has been partially broken.

The District Medical Officers of Health have specific duties for the elderly, and as they are also partially on the staff of the County Health Department, they are particularly well-placed to co-ordinate the domiciliary services. Dr. McKendrick, Medical Officer of Health, Colwyn Bay, reports:—

“The Health Department in Colwyn Bay has continued, during the year, to expand as a Social Centre, to which problems of all kinds are brought. Many of these have very human aspects and call for sympathetic and, very often, informal action. To an increasing extent, we are being asked to deal with old folk's problems. This is calling for co-ordination with the Welfare Department, National Assistance Board and the Geriatrician. It also calls for co-operation with the local Council, Housing Department and numerous Voluntary Bodies.”

Dr. Jones Roberts in her report emphasised the valuable work of the Health Visitor in organising voluntary and statutory help to the Elderly. She also stresses the good work done by the Home Help Service:—

“Only one case was dealt with under Section 47 of the National Assistance Act, 1948, in my area in 1961—an aged person from Hiraethog Rural District. She is still detained at Rhyddfau, Ruthin, and is unlikely to go home again. Other cases have been brought to my notice during the year, but between the Public Health Inspectors, the Health Visitors and myself, we have persuaded them to go to a home voluntarily, or arranged for a Home Help to go in, thus enabling them to remain in their own homes.”

In the Borough of Wrexham, Dr. Peach, the Medical Officer of Health, reported:—

“ Two developments of note during 1961 are in the facilities for the care of the Aged.

**“ 1. Meals on Wheels.**

This Service has been in operation for the past three years, serving approximately 30 old people with one meal each week. The W.V.S. distribute the meals, and the cost is borne by the Wrexham Borough Council who also provide transport. During October, 1961, the service was extended to serve two meals each week to the present recipients.

**“ 2. Committee on the problems of the Aged.**

This Committee was formed during the year and meets at No. 1 Grosvenor Road, on alternate Tuesdays and is constituted of the following members:—

The County Medical Officer.

The Wrexham Borough Medical Officer.

The Superintendent Nursing Officer.

The Chief Public Health Inspector.

The County Welfare Officer.

The District Manager of the National Assistance Board.

The Borough Housing Information Officer.

The Consultant Geriatrician.

The Matron, Trevalyn Hospital.

Its functions are threefold, viz.:—

“ 1. As a Case Conference Committee to discuss individual cases submitted by Health Visitors, Social Workers, General Practitioners, etc.

“ 2. As a policy-making Committee to discuss various means of improving the lot of the aged person in Society.

"3. As a co-ordinating Committee with regard to the Voluntary Organisations in the town.

"The type of aged person the Committee aims to serve is the "needy" old person with either threatened or established physical, mental or social breakdown who constitute an estimated 6% of people at or over pensionable age.

"The Committee is proving successful in the integration of the Hospital, Local Authority and Voluntary Services into one team for the Community Care of the Aged.

"With respect to its Case Conference meetings, a high percentage of cases brought to notice have been resolved, and this has shown that a relatively **small** Committee of professional workers representing a complex of social services can deal with cases which have proved in the past almost intractable. Great value is placed upon the close liaison existing between the Local Authority and Geriatric Hospital services in this type of work.

"As a policy making Committee, various matters dealing with the health and welfare of old people have been discussed such as Housing problems of the aged, Geriatric Day Hospitals, the management of the mentally confused, etc., and where appropriate representations have been made to the local Authorities.

"The co-ordination of the voluntary organisations within the Borough of Wrexham is opening up great potentials in the community care of the aged. Meetings between this Committee and representatives of the voluntary workers are held quarterly and approximately 20 voluntary organisations are represented.

"During December, Christmas dinners and social visiting on Christmas Day was organised, and about 150 needy old people were catered for.

"At present, the organisation of voluntary workers in the role of "Ancillary Social Workers" is being carried out, and the scheme provides for the use of such workers in two roles, that is as case seekers and case workers.

"Briefly, the Borough of Wrexham is to be divided into six areas, each area to be the responsibility of a group of voluntary workers who will seek out the needy aged group



and submit a completed pro forma of particulars to the Central Committee. This, it is hoped will define the problem and provide material for a register of the needy aged.

“The second function of the voluntary workers—that of case worker, is to perform “good neighbourly functions” where there is a need to supplement the work of the professional worker.

“Finally, it is hoped in the future to use such an organisation to provide research data into the problems of the aged society, the completion of suitably designed pro formas, and efficient communications between the Central Committee and field worker.”

### **Chiropody.**

The Chiropodist appointed for East Denbighshire commenced duties on the 1st February, 1961. Unfortunately, no appointment was made for West Denbighshire until the end of the year, as no suitable applications had been received until then. Two Chiropodists should manage to meet most of the demand from the elderly and, in due course, from Nursing Mothers and school-children, especially when it is appreciated that private Chiropodists and a few voluntary Clinics are also providing a service.

At the inception of the Service, Doctors and Nurses were circularised with information regarding the proposed scheme, and requested to recommend patients. Strangely, the number of requests received from this quarter was very small and, as a result, the Old Age Pensioners' Associations were approached. They submitted long lists which eventually had to be sifted in order to find those who really needed treatment. To do this, inspection clinics were introduced, and in this way, the waiting list was speedily reduced to reasonable proportions.

It was decided to hold the Chiropody Clinics at the various Maternity and Child Welfare Clinic premises as, on the whole, these are conveniently sited. Most of East Denbighshire has thus been adequately covered, but consideration will have to be given to the rural areas.

Many requests have been received for home visits to house-bound elderly, but due to pressure of work, only a few of these cases have been treated. It is realised that Chiropodal treatment can keep an old person ambulant, and therefore, assist in extending the period of active life, so as soon as circumstances permit,



it is proposed to transport patients to the Clinics and, in due course, arrange home visits to those who cannot leave home. Undoubtedly, the elderly appreciate very much the treatment they receive, and it is gratifying to receive written or verbal acknowledgments. This is not a free service, and a charge of 2/6d. is made, except where the financial circumstances fall below a pre-determined level.

**TABLE XXXVIII**

No. of persons on register at 31/12/61	No. of persons treated during 1961	No. of Sessions	Total attendances
764	504	399	1484

#### **Problem Families.**

During 1961, the Health Department was engaged constantly with 70 families, which entailed the application of more than two other agencies, but this does not, in any way, reflect the considerable work and effort devolved to this difficult group.

#### **Blind Persons.**

During 1961 the Health Department which is responsible for ascertainment of the blind, examined 83 persons and informed the Welfare Department that 43 should be registered as blind persons.

TABLE XXXIX

Blind Persons.

	Males	Females
No. of cases on Register ... ..	159	224
No. of cases ascertained during 1961 ... ..	17	26
No. of cases ascertained during 1961 with:		
(a) Cataract ... ..	10	12
(b) Glaucoma ... ..	2	5
No. of cases of Blindness due to Retrolental Fibroplasia ...	—	—

TABLE XL

Epileptics.

Number of Ascertained Epileptics according to age and sex distribution, and in Residential Accommodation.

Age	Number Ascertained		Number in Residential Accommodation	
	Males	Females	Males	Females
0-10 ... ..	21	22	—	—
10-15 ... ..	18	19	—	1
15-25 ... ..	3	2	1	—
25-50 ... ..	4	5	2	1
50 and over ... ..	2	1	2	1

## Spastics.

The Spastic Day Centre at the Maelor General Hospital has continued to provide treatment and training for this group of severely handicapped children. In the past, little or nothing was attempted for these children, and in recent years some of our children travelled daily to the Birkenhead Spastic Centre. Since the opening of this Centre at Wrexham, full facilities are available for our children within a reasonable daily journey. Undoubtedly, this Centre has met a desperate if small need, and it will assist considerably in assessing the suitability of the children for further training. This will be of particular importance when the Special Residential School for Physically Handicapped Pupils, provided by the five North Wales Local Education Authorities, will be opened at Llandudno in September, 1962.

Mrs. Dilys V. Davies, the Teacher at the Centre, reports as follows:—

“The children receive tuition in groups of two or three, according to age and handicap. Ages range from  $4\frac{1}{2}$  to 13 years, and each child is handicapped in some way.

“As the time is limited, I concentrate mostly on teaching Reading, Number or Arithmetic and Writing, as I feel it is so important for them to be able to Read, Write, and to know the value of money, etc. However, I try to find time for a little religious instruction, i.e. Prayers daily, and a Bible story each week; also Nature Study and Geography occasionally with the older pupils. I also try to do a little speech training to the best of my ability, as we have no Speech Therapist at the Centre. I take two half-hourly sessions weekly in singing and miming, and rhythmic exercises (with hands). These lessons are very much enjoyed, and considerable progress has been achieved even with the most handicapped children. They make every effort to use their voices and hands. Every child (16 in all) is present at these singing lessons.

“I keep a six-monthly Report on the progress of each pupil, and these Reports are submitted to an Assessment Panel.”

**TABLE XLI**

Number of Ascertained Spastics according to Age and Sex  
Distribution and in Residential Accommodation.

Age	Number Ascertained		Number of Residential Accommodation	
	Males	Females	Males	Females
0-10 ... ..	13	11	—	—
10-15 ... ..	8	6	2	2
15-25 ... ..	1	3	—	—
25-50 ... ..	4	3	—	—
50 and over ... ..	1	—	—	—

## HEALTH EDUCATION.

Health Education is a continuous process which helps to form public opinion regarding matters concerning health. The methods employed vary from individual efforts to propaganda on a national scale. The staff of the Health Department continuously educate the public either through the medium of the individual approach, or in groups of varying sizes. Visual aids are extensively used, and there is a constant demand for posters, pamphlets, flannelgraph, etc.

During the year, many members of the staff have lectured, participated in discussion groups, shown films, conducted groups from voluntary bodies around Clinics and Training Centres, been interviewed by the press and the B.B.C. Such efforts appear puny in comparison with the mass response to National propaganda, and it would appear to me that far better results could be obtained if National and Local resources were co-ordinated through the press, radio and television. Undoubtedly, the response to Poliomyelitis vaccination, Smoking and Lung Cancer and many other aspects of health or sickness are determined by television programmes.



## DOMESTIC HELP SERVICE

The administrative arrangements for this Service continued as in previous years. It will be noted that the demand continues to increase and it is extremely difficult to cope adequately with deserving applicants without a considerable increase in the cost of the Service.

The number of Home Helps employed on the 31st December, 1961, was:—

(a) Whole-time	...	...	...	...	...	3
(b) Part-time	...	...	...	...	...	149

The number of cases where domestic help was provided during the year was:—

(a) Maternity (inc. expectant mothers)	45
(b) Tuberculosis     ...    ...    ...    ...    ...	13
(c) Chronic Sick (inc. aged and infirm)	471
(d) Others            ...    ...    ...    ...    ...    ...	131
	—
Total    ...    ...    ...    ...    ...    ...    ...	660
	—

## PART IV.

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# *Environmental Hygiene*

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### PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

There were no major epidemics of infectious diseases in the County during the year under review, apart from the outbreak of Measles which had commenced towards the end of 1960 and continued into 1961. A total of 2,749 cases were notified. The disease was a mild form which affected mainly the children up to 7 years of age. Influenza occurred sporadically, but as the illness was usually of but a few days' duration, it was difficult to trace its extent and progress. There were 51 deaths in the County caused by Influenza. The majority of these occurred in elderly people.

There were 93 cases of Dysentery notified in the County. This infectious disease seems to be endemic in various parts of the County, and many of the cases occurred after a holiday visit to various resorts. 25 of the notified cases occurred in a Primary School. A careful inquiry showed that the disease was due to some dysentery, and that it had been introduced into the School by one of the infants whose family also suffered from the same complaint. The School Canteen was exonerated and circumstantial evidence indicated that the infection had come from a neighbouring resort. Preventive measures were introduced and the infection subsided.

One case of Acute Poliomyelitis was notified. This occurred in an unvaccinated child.

TABLE XLII

## INFECTIOUS DISEASES.

The following table furnishes particulars, respecting the notifications received during 1961 and, for comparative purposes, the nine preceding years are shown.

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Scarlet Fever ...	141	123	69	147	156	114	78	86	79	30
Whooping Cough ...	288	317	237	212	160	198	72	109	154	88
Diphtheria ...	1	—	—	1	—	—	—	—	—	—
Measles ...	712	2149	511	3056	473	1811	881	535	1796	2749
Acute Pneumonia ...	81	129	63	73	67	72	87	64	23	45
Meningococcal Infection	9	6	4	6	3	3	3	2	3	1
Acute Poliomyelitis:										
Paralytic ...	12	7	2	8	2	10	—	3	3	1
Non-Paralytic ...	1	4	2	2	2	—	1	—	—	—
Acute Encephalitis:										
Infective ...	1	—	3	—	—	—	1	—	—	—
Post-infectious ...	—	—	—	—	—	—	—	—	—	—
Dysentery ...	23	8	3	23	207	3	24	21	51	93
Ophthalmia Neonatorum	6	1	—	5	1	7	—	1	2	—
Puerperal Pyrexia ...	13	18	10	9	6	8	2	26	23	40
Paratyphoid Fever	5	—	—	—	—	—	1	—	1	—
Enteric or Typhoid Fever	—	—	—	—	1	—	4	—	—	—
Food Poisoning ...	4	3	11	10	6	15	146	30	13	4
Erysipelas ...	32	26	19	17	13	12	8	11	8	3
Malaria ...	1	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	231	202	231	161	138	142	136	143	122	95
Non-Pulmonary Tuberculosis	37	25	51	15	21	27	31	23	12	9
T.B. Meninges and C.N.S. ...	—	—	—	—	—	—	—	—	—	11
Totals ...	1598	3028	1216	3745	1256	2422	1475	1054	2290	3159

TABLE XLIII

The allocation of the several Infectious Diseases to the County Districts is shown in the following Table:—

	Scarlet Fever	Whooping Cough	Measles	Acute Pneumonia	Meningococcal Infection	Acute Poliomyelitis (Paralytic)	Dysentery	Puerperal Pyrexia	Food Poisoning	Erysipelas	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Meninges & C.N.S.
<b>Western No. 1.</b>													
Abergele	3	14	141	2	—	—	—	—	2	2	3	2	—
Colwyn Bay	—	1	494	6	1	—	—	1	—	1	12	—	—
Aled	1	6	153	—	—	—	25	—	1	—	1	—	1
<b>Western No. 2.</b>													
Denbigh	—	38	184	—	—	—	—	—	—	—	6	—	—
Llanrwst	—	—	139	3	—	—	—	—	—	—	3	—	—
Ruthin Borough	—	6	39	—	—	—	1	—	—	—	—	—	—
Hiraethog	—	—	60	—	—	—	1	—	—	—	—	—	—
Ruthin Rural	—	7	244	—	—	—	—	—	—	—	4	—	—
<b>Eastern No. 1.</b>													
Wrexham R.D.	20	4	701	22	—	1	55	13	—	—	46	6	—
Ceiriog	2	1	135	—	—	—	2	—	—	—	3	—	—
Llangollen	—	—	6	—	—	—	—	—	—	—	—	1	—
<b>Eastern No. 2.</b>													
Wrexham Borough	4	11	570	12	—	—	9	26	1	—	17	—	—
<b>Totals</b>	<b>30</b>	<b>88</b>	<b>2749</b>	<b>45</b>	<b>1</b>	<b>1</b>	<b>93</b>	<b>40</b>	<b>4</b>	<b>3</b>	<b>95</b>	<b>9</b>	<b>1</b>



**TABLE XLIV**

Comparative Death Rates from Pulmonary Tuberculosis in the Rural and Urban Districts, Administrative County, and England and Wales, for 1961 and each of the preceding ten years.

Year	Death Rate per 100,000 of the Population			
	Urban	Rural	Whole County	England & Wales
1951	29.2	19.5	24.0	31.0
1952	21.6	20.6	21.1	21.0
1953	17.7	13.1	15.2	18.0
1954	22.8	18.5	20.5	16.0
1955	11.4	18.6	15.2	13.0
1956	10.0	8.8	9.1	11.0
1957	24.2	14.3	19.7	9.5
1958	12.6	17.6	15.3	8.9
1959	8.8	8.8	8.8	7.7
1960	15.1	11.0	12.9	6.8
1961	7.2	5.5	6.3	6.5

## TUBERCULOSIS

During the year under review, the number of cases notified was 67 males and 46 females. The age and sex distribution are given in the following table:—

**TABLE XLV**

Age					Respiratory			Non-Respiratory		
					M.	F.	T.	M.	F.	T.
0	...	...	...	...	—	—	—	—	—	—
1	...	...	...	...	—	—	—	—	—	—
2	...	...	...	...	1	3	4	—	1	1
5	...	...	...	...	—	—	—	—	—	—
10	...	...	...	...	2	1	3	1	—	1
15	...	...	...	...	2	7	9	2	1	3
20	...	...	...	...	4	2	6	—	—	—
25	...	...	...	...	7	6	13	—	1	1
35	...	...	...	...	8	12	20	—	1	1
45	...	...	...	...	6	2	8	—	1	1
55	...	...	...	...	14	2	16	2	1	3
65	...	...	...	...	14	3	17	—	1	1
75 and over	...	...	...	...	3	1	4	1	—	1
Totals	...	...	...	...	61	39	100	6	7	13

**TABLE XLVI**  
**TUBERCULOSIS**

Active Cases on Registers according to County Districts,  
31st December, 1961.

District	No. of cases of Tuberculosis on Register at the commencement of the year.		No. of cases added to the Register during the year.		No. of cases removed from the Register during the year.		No. of cases remaining on the Register at the end of the year.	
	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.
<b>Western No. 1.</b>								
Abergele ...	36	5	3	—	10	2	29	3
...Males ...	...	...	...	3	...	...	...	4
...Females ...	18	1	—	2	1	—	17	4
Colwyn Bay	60	2	7	2	6	—	61	4
...Males ...	50	4	7	2	13	2	44	4
...Females ...	23	2	1	—	4	2	20	—
Aled ...	24	4	—	1	6	—	18	5
...Males ...	...	...	...	...	...	...	...	...
...Females ...	...	...	...	...	...	...	...	...
<b>Western No. 2.</b>								
Denbigh ...	70	6	7	—	4	1	73	5
...Males ...	39	12	4	2	2	4	41	10
...Females ...	13	3	2	—	2	1	13	2
Llanrwst ...	7	—	1	—	4	—	4	—
...Males ...	15	2	1	—	5	—	11	2
Ruthin Borough, Males ...	12	—	5	1	—	—	17	1
...Females ...	12	2	1	—	3	—	10	2
Hiraethog ...	16	5	—	1	3	4	13	2
...Males ...	42	12	3	—	3	—	42	9
...Females ...	34	2	6	—	—	1	40	1
Ruthin Rural	...	...	...	...	...	...	...	...
...Males ...	...	...	...	...	...	...	...	...
...Females ...	...	...	...	...	...	...	...	...

Table XLVI (continued).

Tuberculosis (continued).

District	No. of cases of Tuberculosis on Register at the commencement of the year.		No. of cases added to the Register during the year.		No. of cases removed from the Register during the year.		No. of cases remaining on the Register at the end of the year.	
	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.	Pulmon.	Non-Pulmon.
<b>Eastern No. 1.</b>								
Wrexham R.D. .. Males ...	297	21	28	3	28	3	297	21
Females ...	224	29	23	4	13	6	234	27
Ceiriog ... .. Males ...	28	7	2	—	18	4	12	3
Females ...	26	9	1	1	12	5	15	5
Llangollen ... .. Males ...	11	1	—	1	3	—	8	2
Females ...	12	2	—	—	5	2	7	—
<b>Eastern No. 2.</b>								
Wrexham Bor. .. Males ...	164	17	12	—	22	3	154	14
Females ...	119	25	10	2	25	4	104	23
<b>Totals</b> ... ..	1352	173	124	23	192	47	1284	149



**TABLE XLVII. TUBERCULOSIS.**

Number of Cases on the County Tuberculosis Register for the years 1951-1961.

Year	No. on Register			Deaths			Death Rate per Million of Population
	Pulm.	Non-Pulm.	Total	Pulm.	Non-Pulm.	Total	
1951	1393	435	1828	36	5	41	240.6
1952	1436	418	1854	26	8	34	193.3
1953	1347	362	1709	26	3	29	170.1
1954	1419	371	1790	35	3	38	222.2
1955	1440	364	1804	26	3	29	170.2
1956	1507	363	1870	16	2	18	105.4
1957	1544	371	1915	32	2	34	200.5
1958	1587	382	1969	26	1	27	158.8
1959	1658	386	2044	15	2	17	99.9
1960	1352	173	1525	22	2	24	141.3
1961	1284	149	1433	11	6	17	97.8

## DEATHS FROM INFECTIOUS DISEASES

The following table gives the number of deaths from infectious diseases during 1961 together with comparative figures for previous years:—

**TABLE XLVIII**

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Meningococcal										
Infection	4	2	3	1	—	—	1	2	—	—
Measles ... ..	—	1	—	1	—	—	1	—	—	—
Whooping Cough .	—	1	—	—	—	—	—	—	—	—
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	1	—	—	—	—	1	1
Tuberculosis:										
Pulmonary ...	26	26	35	26	16	32	26	15	22	11
Non-Pulmonary .	8	3	3	3	2	2	1	2	2	6
Pneumonia ... ..	44	70	85	80	59	75	66	81	83	101

### Tuberculosis.

11 deaths from pulmonary tuberculosis occurred during the year, as compared with 22 in 1960. 6 deaths from non-pulmonary causes were recorded, as compared with 2 in 1960.

The death rate per million of the population of the County was 97.8.

## **SANITARY CIRCUMSTANCES**

### **Water Supply and Sewerage.**

Throughout the year, and at regular intervals, samples have been collected from the various water supplies in the County for bacteriological examination. Copies of the reports are forwarded to me by the Public Health Laboratory Service. With few exceptions, these have been most satisfactory, but it has been necessary, in a few instances, to investigate the reason for a piped supply not being up to the requisite standard. Defective mains or inadequate supervision of chlorination is more often than not the cause of an unsatisfactory bacteriological report. The independent sampling of water supplies ensures unbiased information and a more stringent supervision of the supply.

The County Public Health Officer reports as follows:—

#### **“ Water Supply and Sewerage.**

The good progress made in the County in the provision of schemes of water supply reflects great credit on the County Council in the action taken by them in the overall control and in co-ordinating water supply policy in the County since 1944. The Rural Water Supplies and Sewerage Act, 1944, afforded them an opportunity of expressing their views on the scope and design of all schemes in the County whether individual schemes for districts or whether they should be combined schemes or ranging more widely.

The comprehensive proposals prepared by the County Council have been invaluable. They provided a pattern for all the whole County and it has, therefore been possible to examine all proposals by Water Undertakers in relation to the County Plan. Good progress has been made as is evident in the Llyn Conwy Water Scheme; all parts fit into the pattern of the whole. Long term planning is all important in the proper development of schemes of water supply. The Llyn Conwy Water Supply Scheme is progressively very satisfactorily. The trunk mains have been laid and considerable progress has been made on the laying of feeder and distribution mains. Work on the treatment plant will soon be put in hand, but progress will be restricted during the winter months due to the inclement weather conditions generally experienced in the site area. Schemes for the laying of distribution mains and service reservoirs in the Aled Rural District estimated to cost £107,287 have been approved, also a link main to connect with the Llansannan mains estimated to cost £1,600.

## **“ Sewerage and Sewage Disposal Scheme.**

The County Council have approved the following schemes of sewerage and sewage disposal:—

**Aled Rural District.**—Cae Shon, Trefnant, estimated cost on Stage I.—£12,052 9s. 0d.

**Ceiriog Rural District.**—Llwyn Mawr and Dolywern, amended scheme, estimated cost—£21,139.

**Hiraethog Rural District.**—The hamlet of Mountain View, Capel Garmon, estimated cost £2,100.

**Llangollen Urban District and Abergele Urban District Councils.**—The County Council have given further financial assistance under Section 56 of the Local Government Act, 1958, to the Urban Authorities on schemes of sewerage and sewage disposal in their respective districts. The cost of the schemes were a heavy financial burden on the Authorities.

## **“ Re-Grouping of Water Undertakings.**

Final proposals for the setting up of two Water Authorities in the County have been agreed to.

The Working Committee of the West Denbighshire and West Flintshire Water Board has made good progress. The Draft Order has been made and the final amendments to the Order are under consideration.

The Water Undertakings to be taken over by the proposed Board will include:—

In Flintshire:

Rhyl Urban District, Prestatyn Urban District, St. Asaph Rural District.

In Denbighshire:

Aled Rural District, Hiraethog Rural District, Ruthin Rural District, Denbigh Borough, Ruthin Borough, Abergele Urban District, Llanrwst Urban District, Llyn Conwy Water Board, Denbigh Water Company.



In Merionethshire:

Edeyrnion Rural District.

The County Councils of Flintshire and Denbighshire have resolved to be members of the proposed new Board."

### LABORATORY FACILITIES

The following Laboratories undertake a variety of examinations for the County Council:—

The Pathological Laboratory, Maelor General Hospital, Wrexham.

The Public Health Service Bacteriological Laboratory, Conway.

The Public Health Service Bacteriological Laboratory, Shrewsbury.

The Pathological Laboratory, Chester Royal Infirmary.

Analyses are also undertaken by Mr. J. Graham Sherratt, County Analyst.

## PART V.

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# Food Control

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The County Public Health Officer has been intimately concerned with the milk supplied in the County and reports on his work as follows:—

### “ Milk (Special Designation) Regulations, 1960.

The year under review in this report is the first complete year of the working of the Milk (Special Designation) Regulations, 1960.

The consolidation of milk regulations has, to a marked degree, been achieved by the coming into force of the 1960 Regulations, more particularly in relation to licensing of dealers and the overall control of milk processing and the protection of consumer interests.

The number of licences issued was 254, and were made up as follows:—

Pasteurising dairies	... ..	4
Main storage and distribution dairies	...	7
Small dairies, shops and vending machines		243

There are also 189 producer retailers who are licensed by the Ministry of Agriculture, Fisheries and Food and the milk when retailed to the public must be controlled and regularly sampled.

During the year 1,305 samples of milk were taken for bacteriological examination. I give below a schedule giving the designation of the milk and the results obtained.

Designation	No. Taken	Appro Test	Passed	Failed
Pasteurised	786	Phosphatase	785	1
		Methylene Blue	746	40
Sterilised	45	Turbidity	45	—
Tuberculin Tested (Pasteurised)	352	Phosphatase	351	1
		Methylene Blue	348	4
Tuberculin Tested (Raw)	122	Methylene Blue	100	22

The administration of the Milk Regulations has imposed additional duties on the department. The inspection of dairies and the regular sampling of milk is an essential and also a statutory duty which must be carried out by the County Council. I have not been able to carry out this work to my own satisfaction, and I find that it is physically impossible for one official to give the coverage on a county basis which the duty demands. I am pleased to know that the County Council have now decided to appoint an Assistant County Sanitary Officer. This should materially add to the proper implementation of the Regulations in the County.

#### **“ Milk in Schools Scheme.**

During the year 321 samples of milk delivered to Schools under the Milk in Schools Scheme were taken. All samples satisfied the phosphatase test but 32 failed to pass the methylene blue test. The failures in each case were due to faults or breakdown in the refrigeration plant at dairies.

#### **“ Biological Examination of Milk.**

The biological examination of milk continues to be an important part of the duty of the County Health Department. It is the policy of the department to take samples of all tuberculin tested raw milk retailed in the County, at six monthly periods. The milk is examined for evidence of tuberculosis or brucella infection. In some instances, samples have been taken for the presence of pathogenic organisms. During the year 234 composite herd samples were taken for biological examination. All were reported to be free from tuberculosis, but ten samples showed evidence of Brucella infection.

When positive results are notified, it is our practice to visit the farms and tender all the advice necessary to the milk producer for the protection of his household, and stating that the

infected milk cannot be retailed to the general public. In each case, I have had the complete co-operation of the producers and they have voluntarily agreed to send their milk for heat-treatment. In the case of the larger producer-retailers, individual samples are taken and infected animals are then removed from the milking herd. We keep a close follow-up sampling of the herds, and in some cases cows that had previously given a negative result and showed no *Brucella* infection have at a subsequent examination, given a positive result. There is sufficient evidence that the cows can discharge the *Brucella* organisms at intermittent stages; therefore, it is important to keep the herds under constant review."

### **Adulteration of Food and Drugs.**

The County Council's duties in connection with sampling under the Food and Drugs Act, 1955, are undertaken by the staff of the Weights and Measures Department.

The Inspector of Weights and Measures reports as follows:—

"During the year under review, 499 samples were analysed by the Public Analyst, the particulars being as follows:—



TABLE XLIX

Article	No. taken	Formal	Informal	Result of Analysis	
				Genuine	Not genuine or sub- standard
Milk:					
Retail .....	310	310	—	303	7
On Delivery .....	2	2	—	—	2
Appeal to Cows ...	3	3	—	3	—
Butter .....	16	—	16	16	—
Margarine .....	5	—	5	5	—
Lard .....	2	—	2	2	—
Cheese .....	3	—	3	3	—
Cheese Spread .....	1	—	1	1	—
Bread .....	4	—	4	4	—
Cakes .....	1	—	1	1	—
Cake Mixture .....	1	—	1	1	—
Sponge Mixture .....	1	—	1	1	—
Buns .....	1	—	1	1	—
Flour .....	3	—	3	3	—
Baking Powder .....	1	—	1	1	—
Rice .....	1	—	1	1	—
Oatmeal .....	1	—	1	1	—
Pearl Barley .....	1	—	1	1	—
Sago .....	1	—	1	1	—
Christmas Pudding ...	1	—	1	1	—
Mincemeat .....	2	—	2	2	—
Tea .....	2	—	2	2	—
Coffee .....	2	—	2	2	—
Cocoa .....	1	—	2	2	—
Meat Paste .....	2	—	2	2	—
Tinned Meat .....	2	—	2	2	—
Sausages .....	16	16	—	16	—
Suet .....	1	—	1	1	—
Fish Paste .....	3	—	3	3	—
Tinned Fish .....	1	—	1	1	—
Potted Shrimps .....	2	—	2	2	—
Tinned Mixed					
Vegetables .....	1	—	1	1	—
Tinned Peas .....	1	—	1	1	—
Tinned Beans .....	1	—	1	1	—
Tinned Carrots .....	2	—	2	2	—
Tinned Tomatoes .....	1	—	1	1	—
Dried Peas .....	1	—	1	1	—
Dried Mint .....	1	—	1	1	—
Pepper .....	1	—	1	1	—
Salt .....	1	—	1	1	—
Pickled Onions .....	1	—	1	1	—
Vinegar .....	3	—	3	3	—
Salad Cream .....	2	—	2	2	—
Condensed Milk .....	3	—	3	3	—
Evaporated Milk .....	1	—	1	1	—
Ice Cream .....	24	—	24	24	—
Ice Lollies .....	4	—	4	4	—
Fresh Cream .....	6	—	6	6	—
Jam .....	5	—	5	5	—
Marmalade .....	2	—	2	2	—

Table XLIX (continued).

Article	No. taken	Formal	Informal	Result of Analysis	
				Genuine	Not genuine or sub- standard
Custard Powder .....	1	—	1	1	—
Table Jelly .....	1	—	1	1	—
Sweets .....	2	—	2	2	—
Sugar .....	1	—	1	1	—
Honey .....	2	—	2	2	—
Soft Drinks .....	4	—	4	4	—
Beer .....	8	—	8	8	—
Brandy .....	2	—	2	2	—
Whiskey .....	2	—	2	2	—
Rum .....	2	—	2	2	—
Gin .....	2	—	2	2	—
Port Wine .....	1	1	—	1	—
Aspirin Tablets .....	1	—	1	1	—
Saccharin Tablets ....	1	—	1	1	—
Calomel Tablets .....	1	—	1	1	—
Cod Liver Oil .....	1	—	1	1	—
Amm. Tinc. of Quinine	1	—	1	1	—
Sweet Spirit of Nitre	1	—	1	1	—
Gripe Mixture .....	1	—	1	1	—
Bi. Carbonate of Soda	1	—	1	1	—
Carbonate of Magnesia	1	—	1	1	—
Tartaric Acid .....	1	—	1	1	—
Borax .....	1	—	1	1	—
Cream of Tartar .....	1	—	1	1	—
Hydrogen Peroxide ...	1	—	1	1	—
Camphorated Oil .....	1	—	1	1	—
Olive Oil .....	1	—	1	1	—
Tincture of Iodine ...	1	—	1	—	1
Glycerine .....	1	—	1	1	—
Totals .....	499	332	167	489	10

The average perecentage of fat, and of solids-not-fat contained in milk samples during the year were:—

	Fat	Solids-not-fat
Eastern Division ... ..	3.56%	8.77%
Western Division ... ..	3.72%	8.69%
Whole County ... ..	3.62%	8.74%
The legal presumptive standard ... ..	3.00%	8.50%

## PART VI.

### Miscellaneous

#### REGISTRATION OF NURSING HOMES

TABLE L.

	Number of Homes	Number of beds provided for		
		Maternity	Others	Total
Homes first registered during the year ...	—	—	—	—
Total Homes on the register at the end of the year ... ..	6	—	125	125

These Homes were regularly inspected by the Superintendent Nursing Officer, who reports that the standard in each one is satisfactory.

#### STAFF MEDICAL EXAMINATIONS

Medical Officers from the Health Department have examined all new entrants to the staff of the County Council and during 1961 the number of such medical examinations totalled 460. In addition 135 College Entrants were medically examined and 230 members of the School Meals Service were given an annual re-examination.

88 members of the Council staff absent for prolonged periods owing to sickness were examined by myself.

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